

116TH CONGRESS  
2D SESSION

# S. 3424

To end preventable maternal mortality and severe maternal morbidity in the United States and close disparities in maternal health outcomes, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MARCH 10, 2020

Ms. HARRIS (for herself, Mr. BOOKER, Mr. PETERS, Mrs. GILLIBRAND, Ms. BALDWIN, Ms. WARREN, Mr. SANDERS, Ms. DUCKWORTH, Mr. BLUMENTHAL, Mr. BENNET, Ms. KLOBUCHAR, Mr. MENENDEZ, and Mr. MERKLEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To end preventable maternal mortality and severe maternal morbidity in the United States and close disparities in maternal health outcomes, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Black Maternal Health  
5 Momnibus Act of 2020”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

Sec. 1. Short title.

- Sec. 2. Table of contents.
- Sec. 3. Definitions.

#### TITLE I—SOCIAL DETERMINANTS FOR MOMS

- Sec. 101. Task force to coordinate efforts to address social determinants of health for women in the prenatal and postpartum periods.
- Sec. 102. Requirements for guidance relating to social determinants of health for pregnant women.
- Sec. 103. Department of Housing and Urban Development.
- Sec. 104. Department of Transportation.
- Sec. 105. Department of Agriculture.
- Sec. 106. Environmental study through National Academies.
- Sec. 107. Child care access.
- Sec. 108. Grants to State, local, and Tribal public health departments addressing social determinants of health for pregnant and postpartum women.

#### TITLE II—HONORING KIRA JOHNSON

- Sec. 201. Investments in community-based organizations to improve Black maternal health outcomes.
- Sec. 202. Training for all employees in maternity care settings.
- Sec. 203. Study on reducing and preventing bias, racism, and discrimination in maternity care settings.
- Sec. 204. Respectful maternity care compliance program.
- Sec. 205. GAO report.

#### TITLE III—PROTECTING MOMS WHO SERVED

- Sec. 301. Support for maternity care coordination.
- Sec. 302. Sense of Congress on veteran status requirements.
- Sec. 303. Report on maternal mortality and severe maternal morbidity among women veterans.

#### TITLE IV—PERINATAL WORKFORCE

- Sec. 401. HHS agency directives.
- Sec. 402. Grants to grow and diversify the perinatal workforce.
- Sec. 403. Grants to grow and diversify the nursing workforce in maternal and perinatal health.
- Sec. 404. GAO report on barriers to maternity care.

#### TITLE V—DATA TO SAVE MOMS

- Sec. 501. Funding for maternal mortality review committees to promote representative community engagement.
- Sec. 502. Data collection and review.
- Sec. 503. Task force on maternal health data and quality measures.
- Sec. 504. Indian Health Service study on maternal mortality.
- Sec. 505. Grants to minority-serving institutions to study maternal mortality, severe maternal morbidity, and other adverse maternal health outcomes.

#### TITLE VI—MOMS MATTER

- Sec. 601. Innovative models to reduce maternal mortality.

## TITLE VII—JUSTICE FOR INCARCERATED MOMS

- Sec. 701. Sense of Congress.  
 Sec. 702. Ending the shackling of pregnant individuals.  
 Sec. 703. Creating model programs for the care of incarcerated individuals in the prenatal and postpartum periods.  
 Sec. 704. Grant program to improve maternal health outcomes for individuals in State and local prisons and jails.  
 Sec. 705. GAO report.  
 Sec. 706. MACPAC report.

## TITLE VIII—TECH TO SAVE MOMS

- Sec. 801. CMI modeling of integrated telehealth models in maternity care services.  
 Sec. 802. Grants to expand the use of technology-enabled collaborative learning and capacity models that provide care to pregnant and postpartum women.  
 Sec. 803. Grants to promote equity in maternal health outcomes by increasing access to digital tools.  
 Sec. 804. Report on the use of technology to reduce maternal mortality and severe maternal morbidity and to close racial and ethnic disparities in outcomes.

## TITLE IX—IMPACT TO SAVE MOMS

- Sec. 901. Perinatal Care Alternative Payment Model Demonstration Project.  
 Sec. 902. MACPAC report.

**1 SEC. 3. DEFINITIONS.**

2 In this Act:

3 (1) **CULTURALLY CONGRUENT.**—The term “culturally congruent”, with respect to care or maternity  
 4 care, means care that is in agreement with the preferred cultural values, beliefs, worldview, and practices  
 5 of the health care consumer and other stakeholders.  
 6  
 7  
 8

9 (2) **MATERNAL MORTALITY.**—The term “maternal mortality” means a death occurring during or  
 10 within a 1-year period after pregnancy that is  
 11 caused by pregnancy or childbirth complications.  
 12



1           (2) The Secretary of Housing and Urban Devel-  
2           opment (or the Secretary's designee).

3           (3) The Secretary of Transportation (or the  
4           Secretary's designee).

5           (4) The Secretary of Agriculture (or the Sec-  
6           retary's designee).

7           (5) The Administrator of the Environmental  
8           Protection Agency (or the Administrator's designee).

9           (6) The Assistant Secretary for the Administra-  
10          tion for Children and Families (or the Assistant Sec-  
11          retary's designee).

12          (7) The Administrator of the Centers for Medi-  
13          care & Medicaid Services (or the Administrator's  
14          designee).

15          (8) The Director of the Indian Health Service  
16          (or the Director's designee).

17          (9) The Director of the National Institutes of  
18          Health (or the Director's designee).

19          (10) The Administrator of the Health Re-  
20          sources and Services Administration (or the Admin-  
21          istrator's designee).

22          (11) The Deputy Assistant Secretary for Minor-  
23          ity Health of the Department of Health and Human  
24          Services (or the Deputy Assistant Secretary's des-  
25          ignee).

1           (12) The Deputy Assistant Secretary for Wom-  
2           en’s Health of the Department of Health and  
3           Human Services (or the Deputy Assistant Sec-  
4           retary’s designee).

5           (13) The Director of the Centers for Disease  
6           Control and Prevention (or the Director’s designee).

7           (14) A woman who has experienced severe ma-  
8           ternal morbidity or a family member of a woman  
9           who has suffered a pregnancy-related death.

10          (15) A leader of a community-based organiza-  
11          tion that addresses maternal mortality and severe  
12          maternal morbidity with a specific focus on racial  
13          and ethnic disparities.

14          (16) A maternal health care provider.

15          (c) CHAIR.—The Secretary of Health and Human  
16          Services shall select the Chair of the Task Force from  
17          among the members of the Task Force.

18          (d) REPORT.—Not later than 2 years after the date  
19          of enactment of this Act, the Task Force shall—

20                (1) finalize strategies to coordinate efforts  
21                across the Federal Government to address social de-  
22                terminants of health for women in the prenatal and  
23                postpartum periods; and

24                (2) submit a report on such strategies to the  
25                Congress, including—

1 (A) plans for implementing such strategies;  
2 and

3 (B) recommendations on the funding  
4 amounts needed by each Federal department  
5 and agency to implement such strategies.

6 (e) TERMINATION.—The termination provisions  
7 under section 14 of the Federal Advisory Committee Act  
8 (5 U.S.C. App.) shall not apply to the Task Force.

9 **SEC. 102. REQUIREMENTS FOR GUIDANCE RELATING TO**  
10 **SOCIAL DETERMINANTS OF HEALTH FOR**  
11 **PREGNANT WOMEN.**

12 (a) IN GENERAL.—Not later than 1 year after the  
13 date of the enactment of this Act, the Secretary of Health  
14 and Human Services shall issue guidance with respect to  
15 how medicaid managed care organizations and State Med-  
16 icaid programs can use payments made pursuant to sec-  
17 tion 1903 of the Social Security Act (42 U.S.C. 1396b)  
18 to address the following issues related to social deter-  
19 minants of health for high-risk mothers during the pre-  
20 sumptive eligibility period for pregnant women:

21 (1) Housing.

22 (2) Transportation.

23 (3) Nutrition.

24 (4) Lactation and other infant feeding options  
25 support.

1 (5) Lead testing and abatement.

2 (6) Air and water quality.

3 (7) Car seat installation.

4 (8) Child care access.

5 (9) Wellness and stress management programs.

6 (10) Other social determinants of health (as de-  
7 termined by the Secretary).

8 (b) DEFINITIONS.—In this section:

9 (1) MEDICAID MANAGED CARE ORGANIZA-  
10 TIONS.—The term “medicaid managed care organi-  
11 zation” has the meaning given such term in section  
12 1903(m)(1)(A) of the Social Security Act (42 U.S.C.  
13 1396b(m)(1)(A)).

14 (2) PRESUMPTIVE ELIGIBILITY PERIOD.—The  
15 term “presumptive eligibility period” has the mean-  
16 ing given such term in section 1920(b)(1) of the So-  
17 cial Security Act (42 U.S.C. 1396r–1(b)(1)).

18 **SEC. 103. DEPARTMENT OF HOUSING AND URBAN DEVEL-**  
19 **OPMENT.**

20 (a) DEFINITIONS.—In this section—

21 (1) the term “Department” means the Depart-  
22 ment of Housing and Urban Development;

23 (2) the term “Secretary” means the Secretary  
24 of Housing and Urban Development; and

1           (3) the term “task force” means the Housing  
2 for Moms Task Force established under subsection  
3 (b).

4 (b) TASK FORCE.—

5           (1) ESTABLISHMENT.—The Secretary shall es-  
6 tablish within the Department a Housing for Moms  
7 Task Force that shall be responsible for ensuring  
8 that women in the prenatal and postpartum periods  
9 have safe, stable, affordable, and adequate housing  
10 for themselves and their other children.

11           (2) RESPONSIBILITIES.—The task force shall—

12                   (A) study how the Department can support  
13 women in the prenatal and postpartum periods  
14 and make recommendations to the Secretary;

15                   (B) provide guidance to regional offices of  
16 the Department on measures to ensure that  
17 local housing infrastructure is supportive to  
18 women in the prenatal and postpartum periods,  
19 including providing information on—

20                           (i) health-promoting housing codes;

21                           (ii) enforcement of housing codes;

22                           (iii) proactive rental inspection pro-  
23 grams;

24                           (iv) code enforcement officer training;

25                           and

1 (v) partnerships between regional of-  
2 fices of the Department and community or-  
3 ganizations to ensure housing laws are un-  
4 derstood and violations are discovered; and  
5 (C) not later than 2 years after the date  
6 of enactment of this Act, and annually there-  
7 after, submit to Congress a report summarizing  
8 the activities of the task force.

9 **SEC. 104. DEPARTMENT OF TRANSPORTATION.**

10 (a) REPORT.—Not later than 1 year after the date  
11 of enactment of this Act, the Secretary of Transportation  
12 shall submit to Congress a report containing—

13 (1) an assessment of transportation barriers  
14 preventing individuals from attending prenatal and  
15 postpartum appointments, accessing maternal health  
16 care services, or accessing services and resources re-  
17 lated to social determinants of health that affect ma-  
18 ternal health outcomes, such as healthy foods;

19 (2) recommendations on how to overcome such  
20 barriers; and

21 (3) an assessment of transportation safety risks  
22 for pregnant individuals and recommendations on  
23 how to mitigate such risks.

1 (b) CONSIDERATIONS.—In carrying out subsection  
2 (a), the Secretary shall give special consideration to solu-  
3 tions for—

4 (1) women living in a health professional short-  
5 age area designated under section 332 of the Public  
6 Health Service Act (42 U.S.C. 254e); and

7 (2) women living in areas with high maternal  
8 mortality or severe maternal morbidity rates and  
9 significant racial or ethnic disparities in maternal  
10 health outcomes.

11 **SEC. 105. DEPARTMENT OF AGRICULTURE.**

12 (a) DEFINITIONS.—In this section:

13 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
14 ty” means—

15 (A) a public entity;

16 (B) a private community entity;

17 (C) a community-based organization;

18 (D) an Indian tribe or tribal organization

19 (as those terms are defined in section 4 of the  
20 Indian Self-Determination and Education As-  
21 sistance Act (25 U.S.C. 5304)); and

22 (E) an urban Indian organization (as de-  
23 fined in section 4 of the Indian Health Care  
24 Improvement Act (25 U.S.C. 1603)).

1           (2) SECRETARY.—The term “Secretary” means  
2           the Secretary of Agriculture.

3           (b) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM  
4           FOR WOMEN, INFANTS, AND CHILDREN.—

5           (1) EXTENSION OF POSTPARTUM PERIOD.—  
6           Section 17(b)(10) of the Child Nutrition Act of  
7           1966 (42 U.S.C. 1786(b)(10)) is amended by strik-  
8           ing “six months” and inserting “24 months”.

9           (2) EXTENSION OF BREASTFEEDING PERIOD.—  
10          Section 17(d)(3)(A)(ii) of the Child Nutrition Act of  
11          1966 (42 U.S.C. 1786(d)(3)(A)(ii)) is amended by  
12          striking “1 year” and inserting “24 months”.

13          (3) REPORT.—Not later than 2 years after the  
14          date of enactment of this Act, the Secretary shall  
15          submit to Congress a report that includes an evalua-  
16          tion of the effect of each of the amendments made  
17          by this subsection on—

18                 (A) maternal and infant health outcomes,  
19                 including racial and ethnic disparities with re-  
20                 spect to those outcomes;

21                 (B) qualitative evaluations of family expe-  
22                 riences under the special supplemental nutrition  
23                 program for women, infants, and children under  
24                 section 17 of the Child Nutrition Act of 1966  
25                 (42 U.S.C. 1786); and

1 (C) the cost effectiveness of that special  
2 supplemental nutrition program.

3 (c) GRANT PROGRAM FOR HEALTHY FOOD AND  
4 CLEAN WATER FOR PREGNANT AND POSTPARTUM  
5 WOMEN.—

6 (1) IN GENERAL.—The Secretary shall carry  
7 out a grant program to make grants on a competi-  
8 tive basis to eligible entities to carry out the activi-  
9 ties described in paragraph (4).

10 (2) APPLICATION.—To be eligible to receive a  
11 grant under this subsection, an eligible entity shall  
12 submit to the Secretary an application at such time,  
13 in such manner, and containing such information as  
14 the Secretary may require.

15 (3) PRIORITY.—In awarding grants under this  
16 subsection, the Secretary shall give priority to an eli-  
17 gible entity that proposes in an application under  
18 paragraph (2) to use the grant funds to carry out  
19 activities in areas with—

20 (A) high maternal mortality or severe ma-  
21 ternal morbidity rates; and

22 (B) significant racial or ethnic disparities  
23 in maternal health outcomes.

24 (4) USE OF FUNDS.—An eligible entity that re-  
25 ceives a grant under this subsection shall use funds

1 under the grant to deliver healthy food, infant for-  
2 mula, or clean water to pregnant women and  
3 postpartum women (as those terms are defined in  
4 section 17(b) of the Child Nutrition Act of 1966 (42  
5 U.S.C. 1786(b)) located in areas that are food  
6 deserts, as determined by the Secretary using data  
7 from the Food Access Research Atlas of the Depart-  
8 ment of Agriculture.

9 (5) REPORT.—Not later than 2 years after the  
10 date of enactment of this Act, the Secretary shall  
11 submit to Congress a report that includes—

12 (A) an evaluation of the effect of the grant  
13 program under this subsection on maternal and  
14 infant health outcomes, including racial and  
15 ethnic disparities with respect to those out-  
16 comes; and

17 (B) recommendations with respect to en-  
18 suring the activities described in paragraph (4)  
19 continue after the period for grant funding for  
20 those activities expires.

21 (6) AUTHORIZATION OF APPROPRIATIONS.—  
22 There are authorized to be appropriated such sums  
23 as are necessary to carry out this subsection for  
24 each of fiscal years 2021 through 2023.

1 **SEC. 106. ENVIRONMENTAL STUDY THROUGH NATIONAL**  
2 **ACADEMIES.**

3 (a) IN GENERAL.—The Administrator of the Envi-  
4 ronmental Protection Agency shall seek to enter an agree-  
5 ment, not later than 60 days after the date of enactment  
6 of this Act, with the National Academies of Sciences, En-  
7 gineering, and Medicine (referred to in this section as the  
8 “National Academies”) under which the National Acad-  
9 emies agree to conduct a study on the impacts of water  
10 and air quality, exposure to extreme temperatures, and  
11 pollution levels on maternal and infant health outcomes.

12 (b) STUDY REQUIREMENTS.—The agreement under  
13 subsection (a) shall direct the National Academies to make  
14 recommendations for—

15 (1) improving environmental conditions to im-  
16 prove maternal and infant health outcomes; and

17 (2) reducing or eliminating racial and ethnic  
18 disparities in those outcomes.

19 (c) REPORT.—The agreement under subsection (a)  
20 shall direct the National Academies to complete the study  
21 under subsection (a) and submit to Congress a report on  
22 the results of the study not later than 2 years after the  
23 date of enactment of this Act.

24 **SEC. 107. CHILD CARE ACCESS.**

25 (a) GRANT PROGRAM.—The Secretary of Health and  
26 Human Services (in this section referred to as the “Sec-

1 retary”) shall award grants to eligible organizations to  
2 provide pregnant and postpartum women with free drop-  
3 in child care services during prenatal and postpartum ap-  
4 pointments.

5 (b) ELIGIBLE ORGANIZATIONS.—To be eligible to re-  
6 ceive a grant under this section, an organization shall—

7 (1) be an organization that carries out pro-  
8 grams providing pregnant and postpartum women  
9 with free and accessible drop-in child care services  
10 during prenatal and postpartum appointments in  
11 areas which the Secretary determines have a high  
12 maternal mortality and severe maternal morbidity  
13 rate and significant racial and ethnic disparities in  
14 maternal health outcomes; and

15 (2) not have previously received a grant under  
16 this section.

17 (c) DURATION.—The Secretary shall commence the  
18 grant program under subsection (a) not later than 1 year  
19 after the date of the enactment of this Act.

20 (d) EVALUATION.—The Secretary shall evaluate each  
21 grant awarded under this section to determine the effects  
22 of the grant on—

23 (1) prenatal and postpartum appointment at-  
24 tendance rates;

1           (2) maternal health outcomes with a specific  
2 focus on racial and ethnic disparities in such out-  
3 comes;

4           (3) pregnant and postpartum women partici-  
5 pating in the funded programs, and the families of  
6 such women; and

7           (4) cost effectiveness.

8           (e) REPORT.—Not later than September 30, 2023,  
9 the Secretary shall submit to the Congress a report con-  
10 taining the following:

11           (1) A summary of the evaluations under sub-  
12 section (d).

13           (2) A description of actions the Secretary can  
14 take to ensure that pregnant and postpartum women  
15 eligible for medical assistance under a State plan  
16 under title XIX of the Social Security Act (42  
17 U.S.C. 1396 et seq.) have access to free drop-in  
18 child care services during prenatal and postpartum  
19 appointments, including identification of the funding  
20 necessary to carry out such actions.

21           (f) DROP-IN CHILD CARE SERVICES DEFINED.—In  
22 this section, the term “drop-in child care services” means  
23 child care and early childhood education services that  
24 are—



1           (1) build capacity and hire staff to coordinate  
2 efforts of the public health department to address  
3 social determinants of maternal health;

4           (2) develop, and provide for distribution of, re-  
5 source lists of available social services for women in  
6 the prenatal and postpartum periods, which social  
7 services may include—

8                   (A) transportation vouchers;

9                   (B) housing supports;

10                  (C) child care access;

11                  (D) healthy food access;

12                  (E) nutrition counseling;

13                  (F) lactation supports;

14                  (G) lead testing and abatement;

15                  (H) clean water;

16                  (I) infant formula;

17                  (J) maternal mental and behavioral health  
18 care services;

19                  (K) wellness and stress management pro-  
20 grams; and

21                  (L) other social services as determined by  
22 the public health department;

23           (3) in consultation with local stakeholders, es-  
24 tablish or designate a “one-stop” resource center  
25 that provides coordinated social services in a single

1 location for women in the prenatal or postpartum  
2 period; or

3 (4) directly address specific social determinant  
4 needs for the community that are related to mater-  
5 nal health as identified by the public health depart-  
6 ment, such as—

7 (A) transportation;

8 (B) housing;

9 (C) child care;

10 (D) healthy foods;

11 (E) infant formula;

12 (F) nutrition counseling;

13 (G) lactation supports;

14 (H) lead testing and abatement;

15 (I) air and water quality;

16 (J) wellness and stress management pro-  
17 grams; and

18 (K) other social determinants as deter-  
19 mined by the public health department.

20 (c) SPECIAL CONSIDERATION.—In awarding grants  
21 under subsection (a), the Secretary shall give special con-  
22 sideration to State, local, and Tribal public health depart-  
23 ments that—

1           (1) propose to use the grants to reduce or end  
2 racial and ethnic disparities in maternal mortality  
3 and severe maternal morbidity rates; and

4           (2) operate in areas with high rates of—

5                 (A) maternal mortality and severe mater-  
6 nal morbidity; or

7                 (B) significant racial and ethnic disparities  
8 in maternal mortality and severe maternal mor-  
9 bidity rates.

10         (d) GUIDANCE ON STRATEGIES.—In carrying out this  
11 section, the Secretary shall provide guidance to grantees  
12 on strategies for long-term viability of programs funded  
13 through this section after such funding ends.

14         (e) REPORTING.—

15           (1) BY GRANTEES.—As a condition on receipt  
16 of a grant under this section, a grantee shall agree  
17 to—

18                 (A) evaluate the activities funded through  
19 the grant with respect to—

20                         (i) maternal health outcomes with a  
21 specific focus on racial and ethnic dispari-  
22 ties;

23                         (ii) the subjective assessment of such  
24 activities by the beneficiaries of such ac-

1 activities, including mothers and their fami-  
2 lies; and

3 (iii) cost effectiveness and return on  
4 investment; and

5 (B) not later than 180 days after the end  
6 of the period of the grant, submit a report on  
7 the results of such evaluation to the Secretary.

8 (2) BY SECRETARY.—Not later than the end of  
9 fiscal year 2026, the Secretary shall submit a report  
10 to the Congress—

11 (A) summarizing the evaluations submitted  
12 under paragraph (1); and

13 (B) making recommendations for improv-  
14 ing maternal health and reducing or eliminating  
15 racial and ethnic disparities in maternal health  
16 outcomes, based on the results of grants under  
17 this section.

18 (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
19 authorized to be appropriated to carry out this section  
20 \$15,000,000 for each of fiscal years 2021 through 2025.

1           **TITLE II—HONORING KIRA**  
2                           **JOHNSON**

3   **SEC. 201. INVESTMENTS IN COMMUNITY-BASED ORGANIZA-**  
4                           **TIONS TO IMPROVE BLACK MATERNAL**  
5                           **HEALTH OUTCOMES.**

6           (a) **AWARDS.**—Following the 1-year period described  
7 in subsection (c), the Secretary of Health and Human  
8 Services (in this section referred to as the “Secretary”),  
9 acting through the Administrator of the Health Resources  
10 and Services Administration, shall award grants to eligible  
11 entities to establish or expand programs to prevent mater-  
12 nal mortality and severe maternal morbidity among Black  
13 women.

14           (b) **ELIGIBILITY.**—To be eligible to seek a grant  
15 under this section, an entity shall be a community-based  
16 organization offering programs and resources aligned with  
17 evidence-based practices for improving maternal health  
18 outcomes for Black women.

19           (c) **OUTREACH AND TECHNICAL ASSISTANCE PE-**  
20 **RIOD.**—During the 1-year period beginning on the date  
21 of enactment of this Act, the Secretary shall—

22                   (1) conduct outreach to encourage eligible enti-  
23 ties to apply for grants under this section; and

1           (2) provide technical assistance to eligible enti-  
2 ties on best practices for applying for grants under  
3 this section.

4           (d) SPECIAL CONSIDERATION.—

5           (1) OUTREACH.—In conducting outreach under  
6 subsection (c), the Secretary shall give special con-  
7 sideration to eligible entities that—

8           (A) are based in, and provide support for,  
9 communities with—

10           (i) high rates of adverse maternal  
11 health outcomes; and

12           (ii) significant racial and ethnic dis-  
13 parities in maternal health outcomes;

14           (B) are led by Black women; and

15           (C) offer programs and resources that are  
16 aligned with evidence-based practices for im-  
17 proving maternal health outcomes for Black  
18 women.

19           (2) AWARDS.—In awarding grants under this  
20 section, the Secretary shall give special consideration  
21 to eligible entities that—

22           (A) are described in subparagraphs (A),  
23 (B), and (C) of paragraph (1);

1 (B) offer programs and resources designed  
2 in consultation with and intended for Black  
3 women; and

4 (C) offer programs and resources in the  
5 communities in which the respective eligible en-  
6 tities are located that—

7 (i) promote maternal mental health  
8 and maternal substance use disorder treat-  
9 ments that are aligned with evidence-based  
10 practices for improving maternal mental  
11 health outcomes for Black women;

12 (ii) address social determinants of  
13 health for women in the prenatal and  
14 postpartum periods, including—

15 (I) housing;

16 (II) transportation;

17 (III) nutrition counseling;

18 (IV) healthy foods;

19 (V) lactation support;

20 (VI) lead abatement and other  
21 efforts to improve air and water qual-  
22 ity;

23 (VII) child care access;

24 (VIII) car seat installation;

1 (IX) wellness and stress manage-  
2 ment programs; or

3 (X) coordination across safety-  
4 net and social support services and  
5 programs;

6 (iii) promote evidence-based health lit-  
7 eracy and pregnancy, childbirth, and par-  
8 enting education for women in the prenatal  
9 and postpartum periods;

10 (iv) provide support from doulas and  
11 other perinatal health workers to women  
12 from pregnancy through the postpartum  
13 period;

14 (v) provide culturally congruent train-  
15 ing to perinatal health workers such as  
16 doulas, community health workers, peer  
17 supporters, certified lactation consultants,  
18 nutritionists and dietitians, social workers,  
19 home visitors, and navigators;

20 (vi) conduct or support research on  
21 Black maternal health issues; or

22 (vii) have developed other programs  
23 and resources that address community-spe-  
24 cific needs for women in the prenatal and  
25 postpartum periods and are aligned with

1 evidence-based practices for improving ma-  
2 ternal health outcomes for Black women.

3 (e) TECHNICAL ASSISTANCE.—The Secretary shall  
4 provide to grant recipients under this section technical as-  
5 sistance on—

6 (1) capacity building to establish or expand pro-  
7 grams to prevent adverse maternal health outcomes  
8 among Black women;

9 (2) best practices in data collection, measure-  
10 ment, evaluation, and reporting; and

11 (3) planning for sustaining programs to prevent  
12 maternal mortality and severe maternal morbidity  
13 among Black women after the period of the grant.

14 (f) EVALUATION.—Not later than the end of fiscal  
15 year 2026, the Secretary shall submit to the Congress an  
16 evaluation of the grant program under this section that—

17 (1) assesses the effectiveness of outreach efforts  
18 during the application process in diversifying the  
19 pool of grant recipients;

20 (2) makes recommendations for future outreach  
21 efforts to diversify the pool of grant recipients for  
22 Department of Health and Human Services grant  
23 programs and funding opportunities;



1       “(b) SPECIAL CONSIDERATION.—In awarding grants  
2 under subsection (a), the Secretary shall give special con-  
3 sideration to applications for programs that would—

4           “(1) apply to all birthing professionals and any  
5 employees who interact with pregnant and postpar-  
6 tum women in the provider setting, including front  
7 desk employees, sonographers, schedulers, health  
8 care professionals, hospital or health system admin-  
9 istrators, and security staff;

10          “(2) emphasize periodic, as opposed to one-  
11 time, trainings for all birthing professionals and em-  
12 ployees described in paragraph (1);

13          “(3) address implicit bias and explicit bias;

14          “(4) be delivered in ongoing education settings  
15 for providers maintaining their licenses, with a pref-  
16 erence for trainings that provide continuing edu-  
17 cation units and continuing medical education;

18          “(5) include trauma-informed care best prac-  
19 tices and an emphasis on shared decision making be-  
20 tween providers and patients;

21          “(6) include a service-learning component that  
22 sends providers to work in underserved communities  
23 to better understand patients’ lived experiences;

1           “(7) be delivered in undergraduate programs  
2 that funnel into medical schools, like biology and  
3 pre-medicine majors;

4           “(8) be delivered at local agencies (as defined  
5 in subsection (b) of section 17 of the Child Nutrition  
6 Act of 1966 (42 U.S.C. 1786)) that provide benefits  
7 or services under the special supplemental nutrition  
8 program for women, infants, and children estab-  
9 lished by that section;

10           “(9) integrate bias training in obstetric emer-  
11 gency simulation trainings;

12           “(10) offer training to all maternity care pro-  
13 viders on the value of racially, ethnically, and profes-  
14 sionally diverse maternity care teams to provide cul-  
15 turally congruent care, including doulas, community  
16 health workers, peer supporters, certified lactation  
17 consultants, nutritionists and dietitians, social work-  
18 ers, home visitors, and navigators; or

19           “(11) be based on one or more programs de-  
20 signed by a historically Black college or university.

21           “(c) APPLICATION.—To seek a grant under sub-  
22 section (a), an entity shall submit an application at such  
23 time, in such manner, and containing such information as  
24 the Secretary may require.

1       “(d) REPORTING.—Each recipient of a grant under  
2 this section shall annually submit to the Secretary a report  
3 on the status of activities conducted using the grant, in-  
4 cluding, as applicable, a description of the impact of train-  
5 ing provided through the grant on patient outcomes and  
6 patient experience for women of color and their families.

7       “(e) BEST PRACTICES.—Based on the annual reports  
8 submitted pursuant to subsection (d), the Secretary—

9           “(1) shall produce an annual report on the find-  
10 ings resulting from programs funded through this  
11 section;

12           “(2) shall disseminate such report to all recipi-  
13 ents of grants under this section and to the public;  
14 and

15           “(3) may include in such report findings on  
16 best practices for improving patient outcomes and  
17 patient experience for women of color and their fam-  
18 ilies in maternity care settings.

19       “(f) DEFINITIONS.—In this section:

20           “(1) The term ‘postpartum’ means the 1-year  
21 period beginning on the last day of a woman’s preg-  
22 nancy.

23           “(2) The term ‘culturally congruent’ means in  
24 agreement with the preferred cultural values, beliefs,

1 worldview, and practices of the health care consumer  
2 and other stakeholders.

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
4 is authorized to be appropriated to carry out this section  
5 \$5,000,000 for each of fiscal years 2021 through 2025.”.

6 **SEC. 203. STUDY ON REDUCING AND PREVENTING BIAS,**  
7 **RACISM, AND DISCRIMINATION IN MATER-**  
8 **NITY CARE SETTINGS.**

9 (a) IN GENERAL.—The Secretary of Health and  
10 Human Services shall seek to enter into an agreement,  
11 not later than 90 days after the date of enactment of this  
12 Act, with the National Academies of Sciences, Engineer-  
13 ing, and Medicine (referred to in this section as the “Na-  
14 tional Academies”) under which the National Academies  
15 agree to—

16 (1) conduct a study on the design and imple-  
17 mentation of programs to reduce and prevent bias,  
18 racism, and discrimination in maternity care set-  
19 tings; and

20 (2) not later than 24 months after the date of  
21 enactment of this Act, complete the study and trans-  
22 mit a report on the results of the study to the Con-  
23 gress.

1 (b) POSSIBLE TOPICS.—The agreement entered into  
2 pursuant to subsection (a) may provide for the study of  
3 any of the following:

4 (1) The development of a scorecard for pro-  
5 grams designed to reduce and prevent bias, racism,  
6 and discrimination in maternity care settings to as-  
7 sess the effectiveness of such programs in improving  
8 patient outcomes and patient experience for women  
9 of color and their families.

10 (2) Determination of the types of training to re-  
11 duce and prevent bias, racism, and discrimination in  
12 maternity care settings that are demonstrated to im-  
13 prove patient outcomes or patient experience for  
14 women of color and their families.

15 **SEC. 204. RESPECTFUL MATERNITY CARE COMPLIANCE**  
16 **PROGRAM.**

17 (a) IN GENERAL.—The Secretary of Health and  
18 Human Services (referred to in this section as the “Sec-  
19 retary”) shall award grants to accredited hospitals, health  
20 systems, and other maternity care delivery settings to es-  
21 tablish within one or more hospitals or other birth settings  
22 a respectful maternity care compliance office.

23 (b) OFFICE REQUIREMENTS.—A respectful maternity  
24 care compliance office funded through a grant under this  
25 section shall—

1           (1) institutionalize mechanisms to allow pa-  
2           tients receiving maternity care services, the families  
3           of such patients, or doulas or other perinatal work-  
4           ers supporting such patients to report instances of  
5           disrespect or evidence of bias on the basis of race,  
6           ethnicity, or another protected class;

7           (2) institutionalize response mechanisms  
8           through which representatives of the office can di-  
9           rectly follow up with the patient, if possible, and the  
10          patient's family in a timely manner;

11          (3) prepare and make publicly available a  
12          hospital- or health system-wide strategy to reduce  
13          bias on the basis of race, ethnicity, or another pro-  
14          tected class in the delivery of maternity care that in-  
15          cludes—

16                (A) information on the training programs  
17                to reduce and prevent bias, racism, and dis-  
18                crimination on the basis of race, ethnicity, or  
19                another protected class for all employees in ma-  
20                ternity care settings; and

21                (B) the development of methods to rou-  
22                tinely assess the extent to which bias, racism,  
23                or discrimination on the basis of race, ethnicity,  
24                or another protected class are present in the de-

1 livery of maternity care to minority patients;  
2 and

3 (4) provide annual reports to the Secretary with  
4 information about each case reported to the compli-  
5 ance office over the course of the year containing  
6 such information as the Secretary may require, such  
7 as—

8 (A) de-identified demographic information  
9 on the patient in the case, such as race, eth-  
10 nicity, gender identity, and primary language;

11 (B) the content of the report from the pa-  
12 tient or the family of the patient to the compli-  
13 ance office; and

14 (C) the response from the compliance of-  
15 fice.

16 (c) SECRETARY REQUIREMENTS.—

17 (1) PROCESSES.—Not later than 180 days after  
18 the date of enactment of this Act, the Secretary  
19 shall establish processes for—

20 (A) disseminating best practices for estab-  
21 lishing and implementing a respectful maternity  
22 care compliance office within a hospital or other  
23 birth setting;

24 (B) promoting coordination and collabora-  
25 tion between hospitals, health systems, and

1 other maternity care delivery settings on the es-  
2 tablishment and implementation of respectful  
3 maternity care compliance offices; and

4 (C) evaluating the effectiveness of respect-  
5 ful maternity care compliance offices on mater-  
6 nal health outcomes and patient and family ex-  
7 periences, especially for minority patients and  
8 their families.

9 (2) STUDY.—

10 (A) IN GENERAL.—Not later than 2 years  
11 after the date of enactment of this Act, the Sec-  
12 retary shall, through a contract with an inde-  
13 pendent research organization, conduct a study  
14 on strategies to address disrespect or bias on  
15 the basis of race, ethnicity, or another protected  
16 class in the delivery of maternity care services.

17 (B) COMPONENTS OF STUDY.—The study  
18 shall include the following:

19 (i) An assessment of the reports sub-  
20 mitted to the Secretary from the respectful  
21 maternity care compliance offices pursuant  
22 to subsection (b)(4).

23 (ii) Based on such assessment, rec-  
24 ommendations for potential accountability  
25 mechanisms related to cases of disrespect

1 or bias on the basis of race, ethnicity, or  
2 another protected class in the delivery of  
3 maternity care services at hospitals and  
4 other birth settings. Such recommenda-  
5 tions shall take into consideration medical  
6 and non-medical factors that contribute to  
7 adverse patient experiences and maternal  
8 health outcomes.

9 (C) REPORT.—The Secretary shall submit  
10 to the Congress and make publicly available a  
11 report on the results of the study under this  
12 paragraph.

13 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
14 out this section, there is authorized to be appropriated  
15 such sums as may be necessary for fiscal years 2021  
16 through 2026.

17 **SEC. 205. GAO REPORT.**

18 (a) IN GENERAL.—Not later than 2 years after date  
19 of enactment of this Act and every 2 years thereafter, the  
20 Comptroller General of the United States shall submit to  
21 the Congress and make publicly available a report on the  
22 establishment of respectful maternity care compliance of-  
23 fices supported under section 204 within hospitals, health  
24 systems, and other maternity care settings.

1 (b) MATTERS INCLUDED.—The report under sub-  
2 section (a) shall include the following:

3 (1) Information regarding the extent to which  
4 hospitals, health systems, and other maternity care  
5 settings have elected to establish respectful mater-  
6 nity care compliance offices supported under section  
7 204, including—

8 (A) which hospitals and other birth set-  
9 tings elect to establish compliance offices and  
10 when such offices are established;

11 (B) to the extent practicable, impacts of  
12 the establishment of such offices on maternal  
13 health outcomes and patient and family experi-  
14 ences in the hospitals and other birth settings  
15 that have established such offices, especially for  
16 minority women and their families;

17 (C) information on geographic areas, and  
18 types of hospitals or other birth settings, where  
19 respectful maternity care compliance offices are  
20 not being established and information on fac-  
21 tors contributing to decisions to not establish  
22 such offices; and

23 (D) recommendations for establishing re-  
24 spectful maternity care compliance offices in ge-  
25 ographic areas, and types of hospitals or other

1 birth settings, where such offices are not being  
2 established.

3 (2) Whether the funding made available to  
4 carry out section 204 has been sufficient and, if ap-  
5 plicable, recommendations for additional appropria-  
6 tions to carry out such section.

7 (3) Such other information as the Comptroller  
8 General determines appropriate.

9 **TITLE III—PROTECTING MOMS**  
10 **WHO SERVED**

11 **SEC. 301. SUPPORT FOR MATERNITY CARE COORDINATION.**

12 (a) AUTHORIZATION OF APPROPRIATIONS.—

13 (1) IN GENERAL.—There is authorized to be  
14 appropriated to the Secretary of Veterans Affairs  
15 \$15,000,000 for fiscal year 2022 to improve mater-  
16 nity care coordination for women veterans through-  
17 out pregnancy and the 1-year postpartum period be-  
18 ginning on the last day of the pregnancy.

19 (2) SUPPLEMENT NOT SUPPLANT.—Amounts  
20 authorized under paragraph (1) are in addition to  
21 any other amounts authorized for the purpose speci-  
22 fied in that paragraph.

23 (b) PLAN.—

24 (1) IN GENERAL.—Not later than 1 year after  
25 the date of the enactment of this Act, the Secretary

1 shall submit to the Committee on Veterans' Affairs  
2 of the Senate and Committee on Veterans' Affairs of  
3 the House of Representatives a plan to improve ma-  
4 ternity care coordination to fulfill the responsibilities  
5 and requirements described in the Veterans Health  
6 Administration Handbook 1330.03 dated October 5,  
7 2012, and entitled "Maternity Health Care and Co-  
8 ordination", or any successor handbook.

9 (2) ELEMENTS.—The plan under paragraph (1)  
10 shall include the following:

11 (A) With respect to the amounts author-  
12 ized to be appropriated under subsection (a), a  
13 description of how the Secretary will ensure  
14 such amounts are used to—

15 (i) hire full-time maternity care coor-  
16 dinators;

17 (ii) train maternity care coordinators;

18 and

19 (iii) improve support programs led by  
20 maternity care coordinators.

21 (B) Recommendations for the amount of  
22 funding the Secretary determines appropriate to  
23 improve maternity care coordination as de-  
24 scribed in paragraph (1) for each of the 5 fiscal  
25 years following the date of the plan.



1 vere maternal morbidity among women veterans, with a  
2 particular focus on racial and ethnic disparities in mater-  
3 nal health outcomes for women veterans.

4 (b) MATTERS INCLUDED.—The report under sub-  
5 section (a) shall include the following:

6 (1) To the extent practicable—

7 (A) the number of women veterans who  
8 have experienced a pregnancy-related death or  
9 pregnancy-associated death in the most recent  
10 10 years of available data;

11 (B) the rate of pregnancy-related deaths  
12 per 100,000 live births for women veterans;

13 (C) the number of cases of severe maternal  
14 morbidity among women veterans in the most  
15 recent year of available data;

16 (D) the racial and ethnic disparities in ma-  
17 ternal mortality and severe maternal morbidity  
18 rates among women veterans;

19 (E) identification of the causes of maternal  
20 mortality and severe maternal morbidity that  
21 are unique to women who have served in the  
22 military, including post-traumatic stress dis-  
23 order, military sexual trauma, and infertility or  
24 miscarriages that may be caused by such serv-  
25 ice;

1 (F) identification of the causes of maternal  
2 mortality and severe maternal morbidity that  
3 are unique to women veterans of color; and

4 (G) identification of any correlations be-  
5 tween the former rank of women veterans and  
6 their maternal health outcomes.

7 (2) An assessment of the barriers to deter-  
8 mining the information required under paragraph  
9 (1) and recommendations for improvements in track-  
10 ing maternal health outcomes among—

11 (A) women veterans who have health care  
12 coverage through the Department;

13 (B) women veterans enrolled in the  
14 TRICARE program (as defined in section 1072  
15 of title 10, United States Code);

16 (C) women veterans with employer-based  
17 or private insurance; and

18 (D) women veterans enrolled in the Med-  
19 icaid program under title XIX of the Social Se-  
20 curity Act (42 U.S.C. 1396 et seq.).

21 (3) Recommendations for legislative and admin-  
22 istrative actions to increase access to mental and be-  
23 havioral health care for women veterans who screen  
24 positively for postpartum mental or behavioral  
25 health conditions.

1           (4) Recommendations to address homelessness  
2 among pregnant and postpartum women veterans.

3           (5) Recommendations on how to effectively edu-  
4 cate maternity care providers on best practices for  
5 providing maternity care services to women veterans  
6 that addresses the unique maternal health care  
7 needs of veteran populations.

8           (6) Recommendations to reduce maternal mor-  
9 tality and severe maternal morbidity among women  
10 veterans and to address racial and ethnic disparities  
11 in maternal health outcomes for each of the groups  
12 described in subparagraphs (A) through (D) of para-  
13 graph (2).

14           (7) Recommendations to improve coordination  
15 of care between the Department and non-Depart-  
16 ment facilities for pregnant and postpartum women  
17 veterans, including recommendations to improve  
18 training for the directors of the Veterans Integrated  
19 Service Networks, directors of medical facilities of  
20 the Department, chiefs of staff of such facilities, ma-  
21 ternity care coordinators, and relevant non-Depart-  
22 ment facilities.

23           (8) An assessment of the authority of the Sec-  
24 retary of Veterans Affairs to access maternal health  
25 data collected by the Department of Health and

1 Human Services and, if applicable, recommendations  
2 to increase such authority.

3 (9) Any other information the Comptroller Gen-  
4 eral determines appropriate with respect to the re-  
5 duction of maternal mortality and severe maternal  
6 morbidity among women veterans and to address ra-  
7 cial and ethnic disparities in maternal health out-  
8 comes for women veterans.

9 **TITLE IV—PERINATAL**  
10 **WORKFORCE**

11 **SEC. 401. HHS AGENCY DIRECTIVES.**

12 (a) GUIDANCE TO STATES.—

13 (1) IN GENERAL.—Not later than 2 years after  
14 the date of enactment of this Act, the Secretary of  
15 Health and Human Services shall issue and dissemi-  
16 nate guidance to States to educate providers and  
17 managed care entities about the value and process of  
18 delivering respectful maternal health care through  
19 diverse care provider models.

20 (2) CONTENTS.—The guidance required by  
21 paragraph (1) shall address how States can encour-  
22 age and incentivize hospitals, health systems, free-  
23 standing birth centers, other maternity care provider  
24 groups, and managed care entities—

1 (A) to recruit and retain maternity care  
2 providers, such as obstetrician-gynecologists,  
3 family physicians, physician assistants, mid-  
4 wives who meet at a minimum the international  
5 definition of the midwife and global standards  
6 for midwifery education as established by the  
7 International Confederation of Midwives, nurse  
8 practitioners, and clinical nurse specialists—

9 (i) from racially and ethnically diverse  
10 backgrounds;

11 (ii) with experience practicing in ra-  
12 cially and ethnically diverse communities;  
13 and

14 (iii) who have undergone trainings on  
15 implicit and explicit bias and racism;

16 (B) to incorporate into maternity care  
17 teams midwives who meet (at a minimum) the  
18 international definition of the midwife and glob-  
19 al standards for midwifery education as estab-  
20 lished by the International Confederation of  
21 Midwives, doulas, community health workers,  
22 peer supporters, certified lactation consultants,  
23 nutritionists and dietitians, social workers,  
24 home visitors, and navigators;

1 (C) to provide collaborative, culturally con-  
2 gruent care; and

3 (D) to provide opportunities for individuals  
4 enrolled in accredited midwifery education pro-  
5 grams to participate in job shadowing with ma-  
6 ternity care teams in hospitals, health systems,  
7 and freestanding birth centers.

8 (b) STUDY ON CULTURALLY CONGRUENT MATER-  
9 NITY CARE.—

10 (1) STUDY.—The Secretary of Health and  
11 Human Services, acting through the Director of the  
12 National Institutes of Health (in this subsection re-  
13 ferred to as the “Secretary”), shall conduct a study  
14 on best practices in culturally congruent maternity  
15 care.

16 (2) REPORT.—Not later than 2 years after the  
17 date of enactment of this Act, the Secretary shall—

18 (A) complete the study required by para-  
19 graph (1);

20 (B) submit to the Congress and make pub-  
21 licly available a report on the results of such  
22 study; and

23 (C) include in such report—

24 (i) a compendium of examples of hos-  
25 pitals, health systems, freestanding birth

1 centers, other maternity care provider  
 2 groups, and managed care entities that are  
 3 delivering culturally congruent maternal  
 4 health care;

5 (ii) a compendium of examples of hos-  
 6 pitals, health systems, freestanding birth  
 7 centers, other maternity care provider  
 8 groups, and managed care entities that  
 9 have low levels of racial and ethnic dispari-  
 10 ties in maternal health outcomes; and

11 (iii) recommendations to hospitals,  
 12 health systems, freestanding birth centers,  
 13 other maternity care provider groups, and  
 14 managed care entities for best practices in  
 15 culturally congruent maternity care.

16 **SEC. 402. GRANTS TO GROW AND DIVERSIFY THE**  
 17 **PERINATAL WORKFORCE.**

18 Title VII of the Public Health Service Act is amended  
 19 by inserting after section 757 (42 U.S.C. 294f) the fol-  
 20 lowing:

21 **“SEC. 758. PERINATAL WORKFORCE GRANTS.**

22 “(a) IN GENERAL.—The Secretary may award grants  
 23 to entities to establish or expand schools or programs de-  
 24 scribed in subsection (b) to grow and diversify the  
 25 perinatal workforce.

1       “(b) USE OF FUNDS.—Recipients of grants under  
2 this section shall use the grants to grow and diversify the  
3 perinatal workforce by—

4               “(1) establishing schools or programs that pro-  
5 vide education and training to individuals seeking  
6 appropriate licensing or certification as—

7                       “(A) physician assistants who will complete  
8 clinical training in the field of maternal and  
9 perinatal health; and

10                      “(B) other perinatal health workers such  
11 as doulas, community health workers, peer sup-  
12 porters, certified lactation consultants, nutri-  
13 tionists and dietitians, social workers, home  
14 visitors, and navigators; and

15               “(2) expanding the capacity of existing schools  
16 or programs described in paragraph (1), for the pur-  
17 poses of increasing the number of students enrolled  
18 in such schools or programs, including by awarding  
19 scholarships for students.

20       “(c) PRIORITIZATION.—In awarding grants under  
21 this section, the Secretary shall give priority to any entity  
22 that—

23               “(1) has demonstrated a commitment to re-  
24 cruiting and retaining minority students, particu-  
25 larly from demographic groups experiencing high

1 rates of maternal mortality and severe maternal  
2 morbidity;

3 “(2) has developed a strategy to recruit into,  
4 and retain, a diverse pool of students the perinatal  
5 workforce program or school supported by funds re-  
6 ceived through the grant, particularly from demo-  
7 graphic groups experiencing high rates of maternal  
8 mortality and severe maternal morbidity;

9 “(3) has developed a strategy to recruit and re-  
10 tain students who plan to practice in a health pro-  
11 fessional shortage area designated under section  
12 332;

13 “(4) has developed a strategy to recruit and re-  
14 tain students who plan to practice in an area with  
15 significant racial and ethnic disparities in maternal  
16 health outcomes; and

17 “(5) includes in the standard curriculum for all  
18 students within the perinatal workforce program or  
19 school a bias, racism, or discrimination training pro-  
20 gram that includes training on explicit and implicit  
21 bias.

22 “(d) REPORTING.—As a condition on receipt of a  
23 grant under this section for a perinatal workforce program  
24 or school, an entity shall agree to submit to the Secretary

1 an annual report on the activities conducted through the  
2 grant, including—

3 “(1) the number and demographics of students  
4 participating in the program or school;

5 “(2) the extent to which students in the pro-  
6 gram or school are entering careers in—

7 “(A) health professional shortage areas  
8 designated under section 332; and

9 “(B) areas with significant racial and eth-  
10 nic disparities in maternal health outcomes; and

11 “(3) whether the program or school has in-  
12 cluded in the standard curriculum for all students a  
13 bias, racism, or discrimination training program that  
14 includes explicit and implicit bias, and if so, the ef-  
15 fectiveness of such training program.

16 “(e) PERIOD OF GRANTS.—The period of a grant  
17 under this section shall be up to 5 years.

18 “(f) APPLICATION.—To seek a grant under this sec-  
19 tion, an entity shall submit to the Secretary an application  
20 at such time, in such manner, and containing such infor-  
21 mation as the Secretary may require, including any infor-  
22 mation necessary for prioritization under subsection (c).

23 “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
24 provide, directly or by contract, technical assistance to in-  
25 stitutions of higher education seeking or receiving a grant

1 under this section on the development, use, evaluation,  
2 and post-grant period sustainability of the perinatal work-  
3 force programs or schools proposed to be, or being, estab-  
4 lished or expanded through the grant.

5 “(h) REPORT BY SECRETARY.—Not later than 4  
6 years after the date of enactment of this section, the Sec-  
7 retary shall prepare and submit to the Congress, and post  
8 on the internet website of the Department of Health and  
9 Human Services, a report on the effectiveness of the grant  
10 program under this section at—

11 “(1) recruiting minority students, particularly  
12 from demographic groups experiencing high rates of  
13 maternal mortality and severe maternal morbidity;

14 “(2) increasing the number of physician assist-  
15 ants who will complete clinical training in the field  
16 of maternal and perinatal health, and other  
17 perinatal health workers, from demographic groups  
18 experiencing high rates of maternal mortality and  
19 severe maternal morbidity;

20 “(3) increasing the number of physician assist-  
21 ants who will complete clinical training in the field  
22 of maternal and perinatal health, and other  
23 perinatal health workers, working in health profes-  
24 sional shortage areas designated under section 332;  
25 and

1           “(4) increasing the number of physician assist-  
 2           ants who will complete clinical training in the field  
 3           of maternal and perinatal health, and other  
 4           perinatal health workers, working in areas with sig-  
 5           nificant racial and ethnic disparities in maternal  
 6           health outcomes.

7           “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
 8           authorized to be appropriated to carry out this section  
 9           \$15,000,000 for each of fiscal years 2021 through 2025.”.

10   **SEC. 403. GRANTS TO GROW AND DIVERSIFY THE NURSING**  
 11                           **WORKFORCE IN MATERNAL AND PERINATAL**  
 12                           **HEALTH.**

13           Title VIII of the Public Health Service Act is amend-  
 14           ed by inserting after section 811 of that Act (42 U.S.C.  
 15           296j) the following:

16   **“SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

17           “(a) IN GENERAL.—The Secretary may award grants  
 18           to schools of nursing to grow and diversify the perinatal  
 19           nursing workforce.

20           “(b) USE OF FUNDS.—Recipients of grants under  
 21           this section shall use the grants to grow and diversify the  
 22           perinatal nursing workforce by providing scholarships to  
 23           students seeking to become—

24                   “(1) nurse practitioners whose education in-  
 25                   cludes a focus on maternal and perinatal health; or

1           “(2) clinical nurse specialists whose education  
2 includes a focus on maternal and perinatal health.

3           “(c) PRIORITIZATION.—In awarding grants under  
4 this section, the Secretary shall give priority to any school  
5 of nursing that—

6           “(1) has developed a strategy to recruit and re-  
7 tain a diverse pool of students seeking to enter ca-  
8 reers focused on maternal and perinatal health;

9           “(2) has developed a partnership with a prac-  
10 tice setting in a health professional shortage area  
11 designated under section 332 for the clinical place-  
12 ments of the school’s students;

13           “(3) has developed a strategy to recruit and re-  
14 tain students who plan to practice in an area with  
15 significant racial and ethnic disparities in maternal  
16 health outcomes; and

17           “(4) includes in the standard curriculum for all  
18 students seeking to enter careers focused on mater-  
19 nal and perinatal health a bias, racism, or discrimi-  
20 nation training program that includes education on  
21 explicit and implicit bias.

22           “(d) REPORTING.—As a condition on receipt of a  
23 grant under this section, a school of nursing shall agree  
24 to submit to the Secretary an annual report on the activi-

1 ties conducted through the grant, including, to the extent  
2 practicable—

3 “(1) the number and demographics of students  
4 in the school of nursing seeking to enter careers fo-  
5 cused on maternal and perinatal health;

6 “(2) the extent to which such students are pre-  
7 paring to enter careers in—

8 “(A) health professional shortage areas  
9 designated under section 332; and

10 “(B) areas with significant racial and eth-  
11 nic disparities in maternal health outcomes; and

12 “(3) whether the standard curriculum for all  
13 students seeking to enter careers focused on mater-  
14 nal and perinatal health includes a bias, racism, or  
15 discrimination training program that includes edu-  
16 cation on explicit and implicit bias.

17 “(e) PERIOD OF GRANTS.—The period of a grant  
18 under this section shall be up to 5 years.

19 “(f) APPLICATION.—To seek a grant under this sec-  
20 tion, an entity shall submit to the Secretary an applica-  
21 tion, at such time, in such manner, and containing such  
22 information as the Secretary may require, including any  
23 information necessary for prioritization under subsection  
24 (c).

1       “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
2 provide, directly or by contract, technical assistance to  
3 schools of nursing seeking or receiving a grant under this  
4 section on the processes of awarding and evaluating schol-  
5 arships through the grant.

6       “(h) REPORT BY SECRETARY.—Not later than 4  
7 years after the date of enactment of this section, the Sec-  
8 retary shall prepare and submit to the Congress, and post  
9 on the internet website of the Department of Health and  
10 Human Services, a report on the effectiveness of the grant  
11 program under this section at—

12               “(1) recruiting minority students, particularly  
13 from demographic groups experiencing high rates of  
14 maternal mortality and severe maternal morbidity;

15               “(2) increasing the number of nurse practi-  
16 tioners and clinical nurse specialists entering careers  
17 focused on maternal and perinatal health from de-  
18 mographic groups experiencing high rates of mater-  
19 nal mortality and severe maternal morbidity;

20               “(3) increasing the number of nurse practi-  
21 tioners and clinical nurse specialists entering careers  
22 focused on maternal and perinatal health working in  
23 health professional shortage areas designated under  
24 section 332; and

1           “(4) increasing the number of nurse practi-  
2           tioners and clinical nurse specialists entering careers  
3           focused on maternal and perinatal health working in  
4           areas with significant racial and ethnic disparities in  
5           maternal health outcomes.

6           “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
7           authorized to be appropriated to carry out this section  
8           \$15,000,000 for each of fiscal years 2021 through 2025.”.

9           **SEC. 404. GAO REPORT ON BARRIERS TO MATERNITY CARE.**

10          (a) IN GENERAL.—Not later than 2 years after the  
11          date of the enactment of this Act and every 5 years there-  
12          after, the Comptroller General of the United States shall  
13          submit to Congress a report on barriers to maternity care  
14          in the United States. Such report shall include the infor-  
15          mation and recommendations described in subsection (b).

16          (b) CONTENT OF REPORT.—The report under sub-  
17          section (a) shall include—

18                 (1) an assessment of current barriers to enter-  
19                 ing accredited midwifery education programs, and  
20                 recommendations for addressing such barriers, par-  
21                 ticularly for low-income and minority women;

22                 (2) an assessment of current barriers to enter-  
23                 ing accredited education programs for other mater-  
24                 nity care professional careers, including obstetrician-  
25                 gynecologists, family physicians, physician assist-

1       ants, nurse practitioners, and clinical nurse special-  
 2       ists, particularly for low-income and minority  
 3       women;

4               (3) an assessment of current barriers that pre-  
 5       vent midwives from meeting the international defini-  
 6       tion of the midwife and global standards for mid-  
 7       wifery education as established by the International  
 8       Confederation of Midwives, and recommendations  
 9       for addressing such barriers, particularly for low-in-  
 10      come and minority women; and

11              (4) recommendations to promote greater equity  
 12      in compensation for perinatal health workers, par-  
 13      ticularly for such individuals from racially and eth-  
 14      nically diverse backgrounds.

## 15       **TITLE V—DATA TO SAVE MOMS**

### 16       **SEC. 501. FUNDING FOR MATERNAL MORTALITY REVIEW**

#### 17                       **COMMITTEES TO PROMOTE REPRESENTA-** 18                       **TIVE COMMUNITY ENGAGEMENT.**

19       (a) IN GENERAL.—Section 317K(d) of the Public  
 20      Health Service Act (42 U.S.C. 247b–12(d)) is amended  
 21      by adding at the end the following:

22                       “(9) GRANTS TO PROMOTE REPRESENTATIVE  
 23      COMMUNITY ENGAGEMENT IN MATERNAL MOR-  
 24      TALITY REVIEW COMMITTEES.—

1           “(A) IN GENERAL.—The Secretary may,  
2           using funds made available pursuant to sub-  
3           paragraph (C), provide assistance to an applica-  
4           ble maternal mortality review committee of a  
5           State, Indian tribe, tribal organization, or  
6           urban Indian organization (as such term is de-  
7           fined in section 4 of the Indian Health Care  
8           Improvement Act (25 U.S.C. 1603))—

9                   “(i) to select for inclusion in the mem-  
10                  bership of such a committee community  
11                  members from the State, Indian tribe, trib-  
12                  al organization, or urban Indian organiza-  
13                  tion by—

14                           “(I) prioritizing community mem-  
15                           bers who can increase the diversity of  
16                           the committee’s membership with re-  
17                           spect to race and ethnicity, location,  
18                           and professional background, includ-  
19                           ing members with non-clinical experi-  
20                           ences; and

21                           “(II) to the extent applicable, to  
22                           address barriers to maternal mortality  
23                           review committee participation for  
24                           community members, including re-  
25                           quired training, transportation bar-

1 riers, compensation, and other sup-  
2 ports as may be necessary;

3 “(ii) to establish initiatives to conduct  
4 outreach and community engagement ef-  
5 forts within communities throughout the  
6 State or Indian tribe to seek input from  
7 community members on the work of such  
8 maternal mortality review committee, with  
9 a particular focus on outreach to minority  
10 women; and

11 “(iii) to release public reports assess-  
12 ing—

13 “(I) the pregnancy-related death  
14 and pregnancy-associated death review  
15 processes of the maternal mortality  
16 review committee, with a particular  
17 focus on the maternal mortality re-  
18 view committee’s sensitivity to the  
19 unique circumstances of minority  
20 women who have suffered pregnancy-  
21 related deaths; and

22 “(II) the impact of the use of  
23 funds made available under subpara-  
24 graph (C) on increasing the diversity  
25 of the maternal mortality review com-

1                   mittee membership and promoting  
2                   community engagement efforts  
3                   throughout the State or Indian tribe.

4                   “(B) TECHNICAL ASSISTANCE.—The Sec-  
5                   retary shall provide (either directly through the  
6                   Department of Health and Human Services or  
7                   by contract) technical assistance to any mater-  
8                   nal mortality review committee receiving a  
9                   grant under this paragraph on best practices  
10                  for increasing the diversity of the maternal  
11                  mortality review committee’s membership and  
12                  for conducting effective community engagement  
13                  throughout the State or Indian tribe.

14                  “(C) AUTHORIZATION OF APPROPRIA-  
15                  TIONS.—In addition to any funds made avail-  
16                  able under subsection (f), there are authorized  
17                  to be appropriated to carry out this paragraph  
18                  \$10,000,000 for each of fiscal years 2021  
19                  through 2025.”.

20                  (b) RESERVATION OF FUNDS.—Section 317K(f) of  
21                  the Public Health Service Act (42 U.S.C. 247b–12(f)) is  
22                  amended by adding at the end the following: “Of the  
23                  amount made available under the preceding sentence for  
24                  a fiscal year, not less than \$1,500,000 shall be reserved  
25                  for grants to Indian tribes, tribal organizations, or urban

1 Indian organizations (as such term is defined in section  
2 4 of the Indian Health Care Improvement Act (25 U.S.C.  
3 1603))”.

4 **SEC. 502. DATA COLLECTION AND REVIEW.**

5 (a) IN GENERAL.—Section 317K(d)(3)(A)(i) of the  
6 Public Health Service Act (42 U.S.C. 247b–  
7 12(d)(3)(A)(i)) is amended—

8 (1) by redesignating subclauses (II) and (III)  
9 as subclauses (IV) and (V), respectively; and

10 (2) by inserting after subclause (I) the fol-  
11 lowing:

12 “(II) to the extent practicable,  
13 reviewing cases of severe maternal  
14 morbidity in which the patient re-  
15 ceived a transfusion of four or more  
16 units of blood and was admitted to an  
17 intensive care unit;

18 “(III) to the extent practicable,  
19 consulting with local community-based  
20 organizations representing women  
21 from demographic groups dispropor-  
22 tionately impacted by poor maternal  
23 health outcomes to ensure that, in ad-  
24 dition to clinical factors, non-clinical  
25 factors that might have contributed to

1 a pregnancy-related death are appro-  
2 priately considered;”.

3 (b) SEVERE MATERNAL MORBIDITY DEFINED.—Sec-  
4 tion 317K(e) of the Public Health Service Act (42 U.S.C.  
5 247b–12(e)) is amended—

6 (1) in paragraph (2), by striking “and” at the  
7 end;

8 (2) in paragraph (3), by striking the period at  
9 the end and inserting “; and”; and

10 (3) by adding at the end the following:

11 “(4) the term ‘severe maternal morbidity’  
12 means one or more unexpected outcomes of labor  
13 and delivery that result in significant short-term or  
14 long-term consequences to a woman’s health.”.

15 **SEC. 503. TASK FORCE ON MATERNAL HEALTH DATA AND**  
16 **QUALITY MEASURES.**

17 (a) ESTABLISHMENT.—Not later than 180 days after  
18 the date of enactment of this Act, the Secretary of Health  
19 and Human Services shall establish a task force, to be  
20 known as the Task Force on Maternal Health Data and  
21 Quality Measures (in this section referred to as the “Task  
22 Force”).

23 (b) DUTIES OF TASK FORCE.—

24 (1) IN GENERAL.—The Task Force shall use all  
25 available relevant information, including information

1 from State-level sources, to prepare and submit a re-  
2 port containing the following:

3 (A) An evaluation of current State and  
4 Tribal practices for maternal health, maternal  
5 mortality, and severe maternal morbidity data  
6 collection and dissemination, including consider-  
7 ation of—

8 (i) the timeliness of processes for  
9 amending a death certificate when new in-  
10 formation pertaining to the death becomes  
11 available to reflect whether the death was  
12 a pregnancy-related death;

13 (ii) maternal health data collected  
14 with electronic health records, including  
15 data on race and ethnicity;

16 (iii) the barriers preventing States  
17 from correlating maternal outcome data  
18 with race and ethnicity data;

19 (iv) processes for determining the  
20 cause of a pregnancy-associated death in  
21 States that do not have a maternal mor-  
22 tality review committee;

23 (v) whether maternal mortality review  
24 committees include multidisciplinary and  
25 diverse membership (as described in sec-

1 tion 317K(d)(1)(A) of the Public Health  
2 Service Act (42 U.S.C. 247b–12(d)(1)(A));

3 (vi) whether members of maternal  
4 mortality review committees participate in  
5 trainings on bias, racism, or discrimina-  
6 tion, and the quality of such trainings;

7 (vii) the extent to which States have  
8 implemented systematic processes of listen-  
9 ing to the stories of pregnant and postpar-  
10 tum women and their family members,  
11 with a particular focus on minority women  
12 and their family members, to fully under-  
13 stand the causes of, and inform potential  
14 solutions to, the maternal mortality and se-  
15 vere maternal morbidity crisis within their  
16 respective States;

17 (viii) the consideration of social deter-  
18 minants of health by maternal mortality  
19 review committees when examining the  
20 causes of pregnancy-associated and preg-  
21 nancy-related deaths;

22 (ix) the legal barriers preventing the  
23 collation of State maternity care data;

24 (x) the effectiveness of data collection  
25 and reporting processes in separating preg-

1 nancy-associated deaths from pregnancy-  
2 related deaths; and

3 (xi) the current Federal, State, local,  
4 and Tribal funding support for the activi-  
5 ties referred to in clauses (i) through (x).

6 (B) An assessment of whether the funding  
7 referred to in subparagraph (A)(xi) is adequate  
8 for States to carry out optimal data collection  
9 and dissemination processes with respect to ma-  
10 ternal health, maternal mortality, and severe  
11 maternal morbidity.

12 (C) An evaluation of current quality meas-  
13 ures for maternity care, including prenatal  
14 measures, labor and delivery measures, and  
15 postpartum measures up to one year postpar-  
16 tum. Such evaluation shall be conducted in con-  
17 sultation with the National Quality Forum and  
18 shall include consideration of—

19 (i) effective quality measures for ma-  
20 ternity care used by hospitals, health sys-  
21 tems, birth centers, health plans, and other  
22 relevant entities;

23 (ii) the sufficiency of current outcome  
24 measures used to evaluate maternity care  
25 for testing and validating new maternal

1 health care payment and service delivery  
2 models;

3 (iii) quality measures for the child-  
4 birth experiences of women that other  
5 countries effectively use;

6 (iv) current maternity care quality  
7 measures that may be eliminated because  
8 they are not achieving their intended ef-  
9 fect;

10 (v) barriers preventing maternity care  
11 providers from implementing quality meas-  
12 ures that are aligned from best practices;

13 (vi) the frequency with which mater-  
14 nity care quality measures are reviewed  
15 and revised;

16 (vii) the strengths and weaknesses of  
17 the Prenatal and Postpartum Care meas-  
18 ures of the Health Plan Employer Data  
19 and Information Set measures established  
20 by the National Committee for Quality As-  
21 surance;

22 (viii) the strengths and weaknesses of  
23 maternity care quality measures under the  
24 Medicaid program under title XIX of the  
25 Social Security Act (42 U.S.C. 1396 et

1 seq.) and the Children’s Health Insurance  
2 Program under title XXI of such Act (42  
3 U.S.C. 1397aa et seq.), including the ex-  
4 tent to which States voluntarily report rel-  
5 evant measures;

6 (ix) the extent to which maternity  
7 care quality measures are informed by pa-  
8 tient experiences that include subjective  
9 measures of patient-reported experience of  
10 care;

11 (x) the current processes for collecting  
12 stratified data on the race and ethnicity of  
13 pregnant and postpartum women in hos-  
14 pitals, health systems, and birth centers,  
15 and for incorporating such racially and  
16 ethnically stratified data in maternity care  
17 quality measures;

18 (xi) the extent to which maternity  
19 care quality measures account for the  
20 unique experiences of minority women and  
21 their families; and

22 (xii) the extent to which hospitals,  
23 health systems, and birth centers are im-  
24 plementing existing maternity care quality  
25 measures.

1 (D) Recommendations on authorizing addi-  
2 tional funds to improve maternal mortality re-  
3 view committees and relevant maternal health  
4 initiatives by the agencies and organizations  
5 within the Department of Health and Human  
6 Services.

7 (E) Recommendations for new authorities  
8 that may be granted to maternal mortality re-  
9 view committees to be able to—

10 (i) access records from other Federal  
11 and State agencies and departments that  
12 may be necessary to identify causes of  
13 pregnancy-associated deaths that are  
14 unique to women from specific populations,  
15 such as women veterans and women who  
16 are incarcerated; and

17 (ii) work with relevant experts who  
18 are not members of the maternal mortality  
19 review committee to assist in the review of  
20 pregnancy-associated deaths of women  
21 from specific populations, such as women  
22 veterans and women who are incarcerated.

23 (F) Recommendations to improve current  
24 quality measures for maternity care, including  
25 recommendations on updating the Pregnancy &

1           Delivery Care measures on the Hospital Com-  
2           pare website of the Centers for Medicare &  
3           Medicaid Services or any successor website,  
4           with a particular focus on racial and ethnic dis-  
5           parities in maternal health outcomes.

6                   (G) Recommendations to improve the co-  
7           ordination by the Department of Health and  
8           Human Services of the efforts undertaken by  
9           the agencies and organizations within the De-  
10          partment related to maternal health data and  
11          quality measures.

12                   (2) PUBLIC COMMENT.—Not later than 60 days  
13          after the date on which a majority of the members  
14          of the Task Force have been appointed, the Task  
15          Force shall publish in the Federal Register a notice  
16          for a 90-day public comment period, beginning on  
17          the date of publication, on the issues described in  
18          paragraph (1).

19                   (c) MEMBERSHIP.—

20                   (1) IN GENERAL.—The Task Force shall be  
21          composed of 18 members appointed by the Secretary  
22          of Health and Human Services. The Secretary shall  
23          give special consideration to individuals who are rep-  
24          resentative of populations most affected by maternal  
25          mortality and severe maternal morbidity.

1           (2) MEMBER CRITERIA.—To be eligible to be  
2 appointed as a member of the Task Force, an indi-  
3 vidual shall be—

4           (A) a woman who has experienced severe  
5 maternal morbidity;

6           (B) a family member of a woman who had  
7 a pregnancy-related death;

8           (C) an individual who provides non-clinical  
9 support to women from pregnancy through the  
10 postpartum period, such as a doula, community  
11 health worker, peer supporter, certified lacta-  
12 tion consultant, nutritionist or dietitian, social  
13 worker, home visitor, or a patient navigator;

14           (D) a leader of a community-based organi-  
15 zation that addresses adverse maternal health  
16 outcomes with a specific focus on racial and  
17 ethnic disparities;

18           (E) an academic researcher in a field or  
19 policy area related to the duties of the Task  
20 Force;

21           (F) a maternal health care provider;

22           (G) an elected or duly appointed leader  
23 from an Indian Tribe;

24           (H) an expert in a field or policy area re-  
25 lated to the duties of the Task Force; or

1 (I) an individual who has experience with  
2 Federal or State government programs related  
3 to the duties of the Task Force.

4 (3) APPOINTMENT TIMING.—Appointments to  
5 the Task Force shall be made not later than 180  
6 days after the date of enactment of this Act.

7 (4) DURATION.—Each member shall be ap-  
8 pointed for the life of the Task Force.

9 (5) CO-CHAIR SELECTION.—Not later than 30  
10 days after the date on which a majority of the mem-  
11 bers of the Task Force have been appointed, the  
12 Secretary shall select two of the members of the  
13 Task Force to serve as Co-Chairs of the Task Force.

14 (6) VACANCIES.—

15 (A) IN GENERAL.—A vacancy in the Task  
16 Force—

17 (i) shall not affect the powers of the  
18 Task Force; and

19 (ii) shall be filled in the same manner  
20 as the original appointment.

21 (B) CO-CHAIR VACANCY.—In the event of  
22 a vacancy of a Co-Chair of the Task Force, a  
23 replacement Co-Chair shall be selected in the  
24 same manner as the original selection.

1           (7) COMPENSATION.—Except as provided in  
2 paragraph (8), members of the Task Force shall  
3 serve without pay.

4           (8) TRAVEL EXPENSES.—Members of the Task  
5 Force shall be allowed travel expenses, including per  
6 diem in lieu of subsistence, at rates authorized for  
7 employees of agencies under subchapter I of chapter  
8 57 of title 5, United States Code, while away from  
9 their homes or regular places of business in the per-  
10 formance of service for the Task Force.

11 (d) MEETINGS.—

12           (1) IN GENERAL.—The Task Force shall meet  
13 at the call of the Co-Chairs of the Task Force.

14           (2) QUORUM.—A majority of the members of  
15 the Task Force shall constitute a quorum.

16           (3) INITIAL MEETING.—The Task Force shall  
17 meet not later than 60 days after the date on which  
18 a majority of the members of the Task Force have  
19 been appointed.

20 (e) STAFF OF TASK FORCE.—

21           (1) ADDITIONAL STAFF.—The Co-Chairs of the  
22 Task Force may appoint and fix the pay of addi-  
23 tional staff to the Task Force as the Co-Chairs con-  
24 sider appropriate.

1           (2) APPLICABILITY OF CERTAIN CIVIL SERVICE  
2 LAWS.—The staff of the Task Force may be ap-  
3 pointed without regard to the provisions of title 5,  
4 United States Code, governing appointments in the  
5 competitive service, and may be paid without regard  
6 to the provisions of chapter 51 and subchapter III  
7 of chapter 53 of that title relating to classification  
8 and General Schedule pay rates.

9           (3) DETAILEES.—Any Federal Government em-  
10 ployee may be detailed to the Task Force without re-  
11 imbursement from the Task Force, and the detailee  
12 shall retain the rights, status, and privileges of his  
13 or her regular employment without interruption.

14 (f) POWERS OF TASK FORCE.—

15           (1) TESTIMONY AND EVIDENCE.—The Task  
16 Force may take such testimony and receive such evi-  
17 dence as the Task Force considers advisable to carry  
18 out this section.

19           (2) OBTAINING OFFICIAL DATA.—The Task  
20 Force may secure directly from any Federal depart-  
21 ment or agency information necessary to carry out  
22 its duties under this section. On request of the Co-  
23 Chairs of the Task Force, the head of that depart-  
24 ment or agency shall furnish such information to the  
25 Task Force.

1           (3) POSTAL SERVICES.—The Task Force may  
2           use the United States mails in the same manner and  
3           under the same conditions as other Federal depart-  
4           ments and agencies.

5           (g) REPORT.—Not later than 2 years after the date  
6           on which the initial 18 members of the Task Force are  
7           appointed under subsection (c)(1), the Task Force shall  
8           submit to the Committee on Energy and Commerce, the  
9           Committee on Education and Labor, and the Committee  
10          on Ways and Means of the House of Representatives and  
11          the Committee on Finance and the Committee on Health,  
12          Education, Labor, and Pensions of the Senate, and make  
13          publicly available, a report that—

14                (1) contains the information, evaluations, and  
15                recommendations described in subsection (b); and

16                (2) is signed by more than half of the members  
17                of the Task Force.

18          (h) TERMINATION.—Section 14 of the Federal Advi-  
19          sory Committee Act (5 U.S.C. App.) shall not apply to  
20          the Task Force.

21          (i) DEFINITIONS.—In this section:

22                (1) MATERNAL HEALTH CARE PROVIDER.—The  
23                term “maternal health care provider” means an indi-  
24                vidual who is an obstetrician-gynecologist, family  
25                physician, midwife who meets at a minimum the

1 international definition of the midwife and global  
2 standards for midwifery education as established by  
3 the International Confederation of Midwives, nurse  
4 practitioner, or clinical nurse specialist.

5 (2) MATERNAL MORTALITY REVIEW COM-  
6 MITTEE.—The term “maternal mortality review  
7 committee” means a maternal mortality review com-  
8 mittee duly authorized by a State and receiving  
9 funding under section 317K(a)(2)(D) of the Public  
10 Health Service Act (42 U.S.C. 247b–12(a)(2)(D)).

11 (3) PREGNANCY-ASSOCIATED DEATH.—The  
12 term “pregnancy-associated death” means a death of  
13 a woman, by any cause, that occurs during, or with-  
14 in 1 year following, her pregnancy, regardless of the  
15 outcome, duration, or site of the pregnancy.

16 (4) PREGNANCY-RELATED DEATH.—The term  
17 “pregnancy-related death” means a death of a  
18 woman that occurs during, or within 1 year fol-  
19 lowing, her pregnancy, regardless of the outcome,  
20 duration, or site of the pregnancy—

21 (A) from any cause related to, or aggra-  
22 vated by, the pregnancy or its management;  
23 and

24 (B) not from accidental or incidental  
25 causes.

1 (j) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated such sums as may be  
3 necessary to carry out this section for fiscal years 2021  
4 through 2024.

5 **SEC. 504. INDIAN HEALTH SERVICE STUDY ON MATERNAL**  
6 **MORTALITY.**

7 (a) IN GENERAL.—The Director of the Indian Health  
8 Service (referred to in this section as the “Director”)  
9 shall, in coordination with the individuals described in sub-  
10 section (b)(1)—

11 (1) not later than 90 days after the date of en-  
12 actment of this Act, offer to enter into a contract  
13 with an independent research organization or Tribal  
14 epidemiology center established under section 214 of  
15 the Indian Health Care Improvement Act (25 U.S.C.  
16 1621m) to conduct a comprehensive study on mater-  
17 nal mortality and severe maternal morbidity in the  
18 populations of American Indian and Alaska Native  
19 women; and

20 (2) not later than 3 years after the date of en-  
21 actment of this Act, submit to Congress a report de-  
22 scribing the results of that study that contains rec-  
23 ommendations for policies and practices that can be  
24 adopted to improve maternal health outcomes for  
25 those women.

1 (b) PARTICIPATING ENTITIES.—

2 (1) IN GENERAL.—The individuals referred to  
3 in subsection (a) are 12 individuals, selected by the  
4 Director from among individuals nominated by In-  
5 dian tribes, tribal organizations, and urban Indian  
6 organizations (as those terms are defined in section  
7 4 of the Indian Health Care Improvement Act (25  
8 U.S.C. 1603)).

9 (2) REQUIREMENT.—In selecting individuals  
10 under paragraph (1), the Director shall ensure that  
11 each of the 12 service areas of the Indian Health  
12 Service is represented.

13 (c) CONTENTS OF STUDY.—The study conducted  
14 pursuant to subsection (a) shall—

15 (1) examine the causes of maternal mortality  
16 and severe maternal morbidity that are unique to  
17 American Indian and Alaska Native women;

18 (2) include a systematic process of listening to  
19 the stories of American Indian and Alaska Native  
20 women to fully understand the causes of, and inform  
21 potential solutions to, the maternal mortality and se-  
22 vere maternal morbidity crisis within their respective  
23 communities;

24 (3) distinguish between the causes of, landscape  
25 of maternity care at, and recommendations to im-

1 prove maternal health outcomes within, the different  
2 settings in which American Indian and Alaska Na-  
3 tive women receive maternity care, such as—

4 (A) facilities operated by the Indian  
5 Health Service;

6 (B) an Indian health program operated by  
7 an Indian tribe or tribal organization pursuant  
8 to a contract, grant, cooperative agreement, or  
9 compact with the Indian Health Service pursu-  
10 ant to the Indian Self-Determination Act (25  
11 U.S.C. 5321 et seq.); and

12 (C) an urban Indian health program oper-  
13 ated by an urban Indian organization pursuant  
14 to a grant or contract with the Indian Health  
15 Service pursuant to title V of the Indian Health  
16 Care Improvement Act (25 U.S.C. 1651 et  
17 seq.);

18 (4) review processes for coordinating programs  
19 of the Indian Health Service with social services pro-  
20 vided through other programs administered by the  
21 Secretary of Health and Human Services (other  
22 than the Medicare program under title XVIII of the  
23 Social Security Act (42 U.S.C. 1395 et seq.), the  
24 Medicaid program under title XIX of that Act (42  
25 U.S.C. 1396 et seq.), and the Children’s Health In-

1       surance Program under title XXI of that Act (42  
2       U.S.C. 1397aa et seq.)), including coordination with  
3       the efforts of the Task Force established under sec-  
4       tion 503;

5             (5) review current data collection and quality  
6       measurement processes and practices;

7             (6) consider social determinants of health, in-  
8       cluding poverty, lack of health insurance, unemploy-  
9       ment, sexual violence, and environmental conditions  
10      in Tribal areas;

11            (7) consider the role that historical mistreat-  
12      ment of American Indian and Alaska Native women  
13      has played in causing currently high rates of mater-  
14      nal mortality and severe maternal morbidity;

15            (8) consider how current funding of the Indian  
16      Health Service affects the ability of the Indian  
17      Health Service to deliver quality maternity care;

18            (9) consider the extent to which the delivery of  
19      maternity care services is culturally appropriate for  
20      American Indian and Alaska Native women;

21            (10) make recommendations to reduce misclas-  
22      sification of American Indian and Alaska Native  
23      women, including consideration of best practices in  
24      training for maternal mortality review committee

1 members to be able to correctly classify American  
2 Indian and Alaska Native women; and

3 (11) make recommendations informed by the  
4 stories shared by American Indian and Alaska Na-  
5 tive women under paragraph (2) to improve mater-  
6 nal health outcomes for such women.

7 (d) REPORT.—The contract entered into under sub-  
8 section (a)(1) with an independent research organization  
9 or Tribal epidemiology center established under section  
10 214 of the Indian Health Care Improvement Act (25  
11 U.S.C. 1621m) shall require that the organization or cen-  
12 ter submit to Congress a report on the results of the study  
13 conducted pursuant to that contract not later than 3 years  
14 after the date of enactment of this Act.

15 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
16 authorized to be appropriated to carry out this section  
17 \$2,000,000 for each of fiscal years 2021 through 2023.

18 **SEC. 505. GRANTS TO MINORITY-SERVING INSTITUTIONS TO**  
19 **STUDY MATERNAL MORTALITY, SEVERE MA-**  
20 **TERNAL MORBIDITY, AND OTHER ADVERSE**  
21 **MATERNAL HEALTH OUTCOMES.**

22 (a) IN GENERAL.—The Secretary of Health and  
23 Human Services shall establish a program under which  
24 the Secretary shall award grants to minority-serving insti-

1 tutions to study specific aspects of the maternal health  
2 crisis among minority women. Such research may—

3 (1) include the development and implementation  
4 of systematic processes of listening to the stories of  
5 minority women to fully understand the causes of,  
6 and inform potential solutions to, the maternal mor-  
7 tality and severe maternal morbidity crisis within  
8 their respective communities; and

9 (2) assess the potential causes of low rates of  
10 maternal mortality among Hispanic women, includ-  
11 ing potential racial misclassification and other data  
12 collection and reporting issues that might be mis-  
13 representing maternal mortality rates among His-  
14 panic women in the United States.

15 (b) APPLICATION.—To be eligible to receive a grant  
16 under subsection (a), an entity described in such sub-  
17 section shall submit to the Secretary an application at  
18 such time, in such manner, and containing such informa-  
19 tion as the Secretary may require.

20 (c) TECHNICAL ASSISTANCE.—The Secretary may  
21 use not more than 10 percent of the funds made available  
22 under subsection (f)—

23 (1) to conduct outreach to minority-serving in-  
24 stitutions to raise awareness of the availability of  
25 grants under this subsection (a);

1           (2) to provide technical assistance in the appli-  
2           cation process for such a grant; and

3           (3) to promote capacity building as needed to  
4           enable entities described in such subsection to sub-  
5           mit such an application.

6           (d) REPORTING REQUIREMENT.—Each entity award-  
7           ed a grant under this section shall periodically submit to  
8           the Secretary a report on the status of activities conducted  
9           using the grant.

10          (e) EVALUATION.—Beginning one year after the date  
11          on which the first grant is awarded under this section,  
12          the Secretary shall submit to Congress an annual report  
13          summarizing the findings of research conducted using  
14          funds made available under this section.

15          (f) AUTHORIZATION OF APPROPRIATIONS.—There  
16          are authorized to be appropriated to carry out this section  
17          \$10,000,000 for each of fiscal years 2021 through 2025.

18          (g) MINORITY-SERVING INSTITUTIONS DEFINED.—  
19          In this section, the term “minority-serving institution”  
20          means an eligible institution described in section 371(a)  
21          of the Higher Education Act of 1965 (20 U.S.C.  
22          1067q(a)).

1           **TITLE VI—MOMS MATTER**

2   **SEC. 601. INNOVATIVE MODELS TO REDUCE MATERNAL**  
3                   **MORTALITY.**

4           Title III of the Public Health Service Act (42 U.S.C.  
5 241 et seq.) is amended by adding at the end the following  
6 new part:

7   **“PART W—INNOVATIVE MODELS TO REDUCE MA-**  
8           **TERNAL MORTALITY AND SEVERE MATER-**  
9           **NAL MORBIDITY**

10 **“SEC. 3990O. DEFINITIONS.**

11           “In this part:

12                   “(1) The terms ‘postpartum’ and ‘postpartum  
13 period’ refer to the 1-year period beginning on the  
14 last day of the pregnancy.

15                   “(2) The term ‘Secretary’ means the Secretary  
16 of Health and Human Services.

17                   “(3) The term ‘Task Force’ means the Mater-  
18 nal Mental and Behavioral Health Task Force estab-  
19 lished pursuant to section 3990O–1.

20                   “(4) The term ‘behavioral health’ includes sub-  
21 stance use disorder and other behavioral health con-  
22 ditions.

1 **“SEC. 39900-1. MATERNAL MENTAL AND BEHAVIORAL**  
2 **HEALTH TASK FORCE.**

3 “(a) ESTABLISHMENT.—The Secretary shall estab-  
4 lish a task force, to be known as the Maternal Mental and  
5 Behavioral Health Task Force, to improve maternal men-  
6 tal and behavioral health outcomes with a particular focus  
7 on outcomes for minority women.

8 “(b) MEMBERSHIP.—

9 “(1) COMPOSITION.—The Task Force shall be  
10 composed of no fewer than 20 members, to be ap-  
11 pointed by the Secretary.

12 “(2) CO-CHAIRS.—The Secretary shall des-  
13 ignate 2 members of the Task Force to serve as the  
14 Co-Chairs of the Task Force.

15 “(3) MEMBERS.—The Task Force shall include  
16 the following:

17 “(A) Maternal mental and behavioral  
18 health care specialists, maternity care providers,  
19 and researchers, government officials, and pol-  
20 icy experts who specialize in women’s health,  
21 maternal mental and behavioral health, mater-  
22 nal substance use disorder, or maternal mor-  
23 tality and severe maternal morbidity. In select-  
24 ing such members of the Task Force, the Sec-  
25 retary shall give special consideration to individ-  
26 uals from diverse racial and ethnic backgrounds

1 or individuals with experience providing cul-  
2 turally congruent maternity care in diverse  
3 communities.

4 “(B) One or more individuals who have  
5 suffered from a diagnosed mental or behavioral  
6 health condition during the prenatal or  
7 postpartum period, or a spouse or family mem-  
8 ber of such individual.

9 “(C) One or more representatives of a  
10 community-based organization that addresses  
11 adverse maternal health outcomes with a spe-  
12 cific focus on racial and ethnic disparities in  
13 maternal health outcomes. In selecting such  
14 representatives, the Secretary shall give special  
15 consideration to organizations from commu-  
16 nities with significant minority populations.

17 “(D) One or more perinatal health workers  
18 who provide non-clinical support to pregnant  
19 and postpartum women, such as a doula, com-  
20 munity health worker, peer supporter, certified  
21 lactation consultant, nutritionist or dietitian,  
22 social worker, home visitor, or navigator. In se-  
23 lecting such perinatal health workers, the Sec-  
24 retary shall give special consideration to individ-

1 uals with experience working in communities  
2 with significant minority populations.

3 “(E) One or more representatives of rel-  
4 evant patient advocacy organizations, with a  
5 particular focus on organizations that address  
6 racial and ethnic disparities in maternal health  
7 outcomes.

8 “(F) One or more representatives of rel-  
9 evant health care provider organizations, with a  
10 particular focus on organizations that address  
11 racial and ethnic disparities in maternal health  
12 outcomes.

13 “(G) One or more leaders of a Federally-  
14 qualified health center or rural health clinic (as  
15 such terms are defined in section 1861 of the  
16 Social Security Act).

17 “(H) One or more representatives of health  
18 insurers.

19 “(4) TIMING OF APPOINTMENTS.—Not later  
20 than 180 days after the date of enactment of this  
21 part, the Secretary shall appoint all members of the  
22 Task Force.

23 “(5) PERIOD OF APPOINTMENT; VACANCIES.—

1           “(A) IN GENERAL.—Each member of the  
2           Task Force shall be appointed for the life of the  
3           Task Force.

4           “(B) VACANCIES.—Any vacancy in the  
5           Task Force—

6                   “(i) shall not affect the powers of the  
7                   Task Force; and

8                   “(ii) shall be filled in the same man-  
9                   ner as the original appointment.

10           “(6) NO PAY.—Members of the Task Force  
11           (other than officers or employees of the United  
12           States) shall serve without pay. Members of the  
13           Task Force who are full-time officers or employees  
14           of the United States may not receive additional pay,  
15           allowances, or benefits by reason of their service on  
16           the Task Force.

17           “(7) TRAVEL EXPENSES.—Members of the  
18           Task Force may be allowed travel expenses, includ-  
19           ing per diem in lieu of subsistence, at rates author-  
20           ized for employees of agencies under subchapter I of  
21           chapter 57 of title 5, United States Code, while  
22           away from their homes or regular places of business  
23           in the performance of services for the Task Force.

24           “(c) STAFF.—The Co-Chairs of the Task Force may  
25           appoint and fix the pay of staff to the Task Force.

1       “(d) DETAILEES.—Any Federal Government em-  
2 ployee may be detailed to the Task Force without reim-  
3 bursement from the Task Force, and the detailee shall re-  
4 tain the rights, status, and privileges of his or her regular  
5 employment without interruption.

6       “(e) MEETINGS.—

7           “(1) IN GENERAL.—Subject to paragraph (2),  
8 the Task Force shall meet at the call of the Co-  
9 Chairs of the Task Force.

10          “(2) INITIAL MEETING.—The Task Force shall  
11 meet not later than 30 days after the date on which  
12 all members of the Task Force have been appointed.

13          “(3) QUORUM.—A majority of the members of  
14 the Task Force shall constitute a quorum.

15       “(f) INFORMATION FROM FEDERAL AGENCIES.—

16           “(1) IN GENERAL.—The Task Force may se-  
17 cure directly from any Federal department or agency  
18 such information as may be relevant to carrying out  
19 this part.

20           “(2) FURNISHING INFORMATION.—On request  
21 of the Co-Chairs of the Task Force pursuant to  
22 paragraph (1), the head of a Federal department or  
23 agency shall, not later than 60 days after the date  
24 of receiving such request, furnish to the Task Force  
25 the information so requested.

1       “(g) TERMINATION.—Termination under section 14  
2 of the Federal Advisory Committee Act (5 U.S.C. App.)  
3 shall not apply to the Task Force.

4       “(h) DUTIES.—

5           “(1) NATIONAL STRATEGY.—The Task Force  
6 shall make recommendations for a national strategy  
7 to improve maternal mental and behavioral health  
8 outcomes with a particular focus on outcomes for  
9 minority women. Such strategy shall—

10                   “(A) define collaborative maternity care;

11                   “(B) make recommendations to the Sec-  
12 retary and the Assistant Secretary for Mental  
13 Health and Substance Use on how to imple-  
14 ment collaborative maternity care models to im-  
15 prove maternal mental and behavioral health  
16 with a particular focus on such outcomes for  
17 minority women;

18                   “(C) identify barriers to the implementa-  
19 tion of collaborative maternity care models to  
20 improve maternal mental and behavioral health  
21 with a particular focus on such outcomes for  
22 minority women, and make recommendations to  
23 address such barriers;

24                   “(D) take into consideration as models ex-  
25 isting State and other programs that have dem-

1           onstrated effectiveness in improving maternal  
2           mental and behavioral health during the pre-  
3           natal and postpartum periods;

4           “(E) promote treatment options and re-  
5           duce stigma for pregnant and postpartum  
6           women with a substance use disorder;

7           “(F) assess the extent to which insurers  
8           are providing coverage for evidence-based men-  
9           tal and behavioral health screenings and serv-  
10          ices that adhere to existing prenatal and  
11          postpartum guidelines;

12          “(G) assess the extent to which existing  
13          guidelines and processes are culturally con-  
14          gruent for minority women, specifically—

15                  “(i) guidelines for identifying mater-  
16                  nal mental and behavioral health condi-  
17                  tions, including substance use disorders;

18                  “(ii) guidelines for screening and, as  
19                  needed, follow-up referrals, evaluations,  
20                  and treatments after positive screens for—

21                          “(I) depression;

22                          “(II) anxiety;

23                          “(III) trauma;

24                          “(IV) substance use disorders;

25                                  and

1                   “(V) other mental or behavioral  
2                   health conditions at the discretion of  
3                   the Task Force;

4                   “(iii) processes for incorporating men-  
5                   tal and behavioral health screenings into  
6                   the current timeline of standard screening  
7                   practices for pregnant and postpartum  
8                   women, with distinctions for postpartum  
9                   screening timelines for uncomplicated and  
10                  complicated births; and

11                  “(iv) processes for referring women  
12                  with positive screens for substance use dis-  
13                  order to addiction treatment centers offer-  
14                  ing—

15                         “(I) on-site wraparound treat-  
16                         ment or networks for referrals;

17                         “(II) multidisciplinary staff;

18                         “(III) psychotherapy;

19                         “(IV) contingency management;

20                         “(V) access to all evidence-based  
21                         medication-assisted treatment; and

22                         “(VI) evidence-based recovery  
23                         supports;

24                         “(H) propose to the Secretary a multi-  
25                         lingual public awareness campaign for maternal

1 mental health and substance use disorder, with  
2 a particular focus on minority women, that in-  
3 cludes information on—

4 “(i) symptoms, triggers, risk factors,  
5 and treatment options for maternal mental  
6 and behavioral health conditions;

7 “(ii) using the website developed  
8 under paragraph (3);

9 “(iii) the physiological process of re-  
10 covery after birth;

11 “(iv) the frequency of occurrences for  
12 common conditions such as postpartum  
13 hemorrhage, preeclampsia and eclampsia,  
14 infection, and thromboembolism;

15 “(v) best practices in patient report-  
16 ing of health concerns to their maternity  
17 care providers in the prenatal and postpar-  
18 tum periods;

19 “(vi) addressing stigma around mater-  
20 nal mental and behavioral health condi-  
21 tions;

22 “(vii) how to seek treatment for sub-  
23 stance use disorder during pregnancy and  
24 in the postpartum period; and

25 “(viii) infant feeding options; and

1           “(I) disseminate to all State Medicaid pro-  
2           grams under title XIX of the Social Security  
3           Act and State child health plans under the  
4           State Children’s Health Insurance Program  
5           under title XXI of the Social Security Act an  
6           assessment of the extent to which States are  
7           providing coverage of evidence-based prenatal  
8           and postpartum mental and behavioral health  
9           screenings through such programs and plans,  
10          and an assessment of the benefits of such cov-  
11          erage.

12          “(2) GRANT PROGRAMS.—The Task Force shall  
13          evaluate and advise on the grant programs under  
14          section 39900–2.

15          “(3) CENTRALIZED WEBSITE.—The Task Force  
16          shall facilitate a coordinated effort between the Sub-  
17          stance Abuse and Mental Health Services Adminis-  
18          tration and State departments of health to develop,  
19          either directly or through a contract, a centralized  
20          website with information on finding local mental and  
21          behavioral health providers who treat prenatal and  
22          postpartum mental and behavioral health conditions,  
23          including substance use disorder.

24          “(4) REPORT.—Not later than 18 months after  
25          the date of enactment of the Black Maternal Health

1 Momnibus Act of 2020, and every year thereafter,  
2 the Task Force shall submit to the Congress, the  
3 Centers for Medicare & Medicaid Services, and the  
4 Center for Medicare and Medicaid Innovation, and  
5 make publicly available, a report that—

6 “(A) describes the activities of the Task  
7 Force and the results of such activities, with  
8 data in such results stratified racially, eth-  
9 nically, and geographically; and

10 “(B) includes the strategy developed under  
11 paragraph (1).

12 “(i) AUTHORIZATION OF APPROPRIATIONS.—To  
13 carry out this section, there are authorized to be appro-  
14 priated such sums as may be necessary for fiscal years  
15 2021 through 2025.

16 **“SEC. 39900-2. INNOVATION IN MATERNITY CARE TO**  
17 **CLOSE RACIAL AND ETHNIC MATERNAL**  
18 **HEALTH DISPARITIES GRANTS.**

19 “(a) IN GENERAL.—The Secretary shall award  
20 grants to eligible entities to establish, implement, evaluate,  
21 or expand innovative models in maternity care that are  
22 designed to reduce racial and ethnic disparities in mater-  
23 nal health outcomes.

24 “(b) USE OF FUNDS.—An eligible entity receiving a  
25 grant under this section may use the grant to establish,

1 implement, evaluate, or expand innovative models de-  
2 scribed in subsection (a) including—

3           “(1) collaborative maternity care models to im-  
4 prove maternal mental health, treat maternal sub-  
5 stance use disorders, and reduce maternal mortality  
6 and severe maternal morbidity, especially for minor-  
7 ity women, consistent with the national strategy de-  
8 veloped by the Task Force under section 39900–  
9 1(h)(1) and other recommendations of the Task  
10 Force;

11           “(2) evidence-based programming at clinics  
12 that—

13                   “(A) provide wraparound services for  
14 women with substance use disorders in the pre-  
15 natal and postpartum periods that may include  
16 multidisciplinary staff, access to all evidence-  
17 based medication-assisted treatment, psycho-  
18 therapy, contingency management, and recovery  
19 supports; or

20                   “(B) make referrals for any such services  
21 that are not provided within the clinic;

22           “(3) evidence-based programs at freestanding  
23 birth centers that provide culturally congruent ma-  
24 ternal mental and behavioral health care education,  
25 treatments, and services, and other wraparound sup-

1 ports for women throughout the prenatal and  
2 postpartum period; and

3 “(4) the development and implementation of  
4 evidence-based programs, including toll-free tele-  
5 phone hotlines, that connect maternity care pro-  
6 viders with women’s mental health clinicians to pro-  
7 vide maternity care providers with guidance on ad-  
8 dressing maternal mental and behavioral health con-  
9 ditions identified in patients.

10 “(c) SPECIAL CONSIDERATION.—In awarding grants  
11 under this section, the Secretary shall give special consid-  
12 eration to applications for models that will—

13 “(1) operate in—

14 “(A) areas with high rates of adverse ma-  
15 ternal health outcomes;

16 “(B) areas with significant racial and eth-  
17 nic disparities in maternal health outcomes; or

18 “(C) health professional shortage areas  
19 designated under section 332;

20 “(2) be led by minority women from demo-  
21 graphic groups with disproportionate rates of ad-  
22 verse maternal health outcomes; or

23 “(3) be implemented with a culturally con-  
24 gruent approach that is focused on improving out-  
25 comes for demographic groups experiencing dis-

1       proportionate rates of adverse maternal health out-  
2       comes.

3       “(d) EVALUATION.—As a condition on receipt of a  
4 grant under this section, an eligible entity shall agree to  
5 provide annual evaluations of the activities funded through  
6 the grant to the Secretary and the Task Force. Such eval-  
7 uations may address—

8           “(1) the effects of such activities on maternal  
9 health outcomes and subjective assessments of pa-  
10 tient and family experiences, especially for minority  
11 women from demographic groups with dispropor-  
12 tionate rates of adverse maternal health outcomes;  
13 and

14           “(2) the cost-effectiveness of such activities.

15       “(e) DEFINITIONS.—In this section:

16           “(1) The term ‘eligible entity’ means any public  
17 or private entity.

18           “(2) The term ‘collaborative maternity care’  
19 means an integrated care model that includes the  
20 delivery of maternal mental and behavioral health  
21 care services in primary clinics or other care settings  
22 familiar to pregnant and postpartum patients.

23           “(3) The term ‘culturally congruent’ means  
24 care that is in agreement with the preferred cultural

1 values, beliefs, worldview, language, and practices of  
2 the health care consumer and other stakeholders.

3 “(4) The term ‘freestanding birth center’ has  
4 the meaning given that term under section  
5 1905(l)(3)(A) of the Social Security Act.

6 “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
7 carry out this section, there is authorized to be appro-  
8 priated \$15,000,000 for each of fiscal years 2021 through  
9 2025.

10 **“SEC. 39900–3. GROUP PRENATAL AND POSTPARTUM CARE**  
11 **MODELS.**

12 “(a) IN GENERAL.—The Secretary shall award  
13 grants to eligible entities to establish, implement, evaluate,  
14 or expand culturally congruent group prenatal care models  
15 or group postpartum care models that are designed to re-  
16 duce racial and ethnic disparities in maternal and infant  
17 health outcomes.

18 “(b) USE OF FUNDS.—An eligible entity receiving a  
19 grant under this section may use the grant for—

20 “(1) programming;

21 “(2) capital investments required to improve ex-  
22 isting physical infrastructure for group prenatal care  
23 and group postpartum care programming, such as  
24 building space needed to implement such models;  
25 and

1           “(3) evaluations of group prenatal care and  
2           group postpartum care programming, with a par-  
3           ticular focus on the impacts of such programming on  
4           minority women.

5           “(c) SPECIAL CONSIDERATION.—In awarding grants  
6           under this section, the Secretary shall give special consid-  
7           eration to applicants that will—

8           “(1) operate in—

9                   “(A) areas with high rates of adverse ma-  
10                  ternal health outcomes;

11                  “(B) areas with significant racial and eth-  
12                  nic disparities in maternal health outcomes; or

13                  “(C) health professional shortage areas  
14                  designated under section 332;

15           “(2) be led by minority women from demo-  
16           graphic groups with disproportionate rates of ad-  
17           verse maternal health outcomes; or

18           “(3) be implemented with a culturally con-  
19           gruent approach that is focused on improving out-  
20           comes for demographic groups experiencing dis-  
21           proportionate rates of adverse maternal health out-  
22           comes.

23           “(d) EVALUATION.—As a condition on receipt of a  
24           grant under this section, an eligible entity shall agree to  
25           provide annual evaluations of the activities funded through

1 the grant to the Secretary and the Task Force and ad-  
2 dress in each such evaluation—

3 “(1) the effects of such activities on maternal  
4 health outcomes with a particular focus on the ef-  
5 fects of such activities on minority women, including  
6 measures such as—

7 “(A) avoidable emergency room visits;

8 “(B) postpartum care visits after delivery;

9 “(C) rates of preterm birth;

10 “(D) rates of breastfeeding initiation;

11 “(E) psychological outcomes; and

12 “(F) subjective measures of patient-re-  
13 ported experience of care; and

14 “(2) the cost-effectiveness of such activities.

15 “(e) DEFINITIONS.—In this section:

16 “(1) The term ‘eligible entity’ means any public  
17 or private entity.

18 “(2) The term ‘culturally congruent’ means  
19 care that is in agreement with the preferred cultural  
20 values, beliefs, worldview, language, and practices of  
21 the health care consumer and other stakeholders.

22 “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
23 carry out this section, there is authorized to be appro-  
24 priated \$10,000,000 for each of fiscal years 2021 through  
25 2025.”.

1           **TITLE VII—JUSTICE FOR**  
2           **INCARCERATED MOMS**

3   **SEC. 701. SENSE OF CONGRESS.**

4           It is the sense of Congress that the respect and prop-  
5   er care that mothers deserve are inclusive, and whether  
6   the mothers are transgender, cisgender, or gender noncon-  
7   forming, all deserve dignity.

8   **SEC. 702. ENDING THE SHACKLING OF PREGNANT INDIVID-**  
9                           **UALS.**

10          (a) **IN GENERAL.**—Beginning on the date that is 6  
11   months after the date of enactment of this Act, and in  
12   each fiscal year thereafter, the total amount of a grant  
13   to be allocated to a State for a fiscal year under subpart  
14   1 of part E of title I of the Omnibus Crime Control and  
15   Safe Streets Act of 1968 (34 U.S.C. 10151 et seq.) (com-  
16   monly referred to as the “Edward Byrne Memorial Justice  
17   Grant Program”) shall be decreased by 25 percent if the  
18   State does not have in effect for such fiscal year laws re-  
19   stricting, throughout the State, the use of restraints on  
20   pregnant individuals in prison that are substantially simi-  
21   lar to the rights, procedures, requirements, effects, and  
22   penalties set forth in section 4322 of title 18, United  
23   States Code.

24          (b) **REALLOCATION.**—Amounts not allocated to a  
25   State because of a decrease under subsection (a) shall be

1 reallocated in accordance with subpart 1 of part E of title  
2 I of the Omnibus Crime Control and Safe Streets Act of  
3 1968 (34 U.S.C. 10151 et seq.) to States that are not  
4 subject to the decrease under subsection (a).

5 **SEC. 703. CREATING MODEL PROGRAMS FOR THE CARE OF**  
6 **INCARCERATED INDIVIDUALS IN THE PRE-**  
7 **NATAL AND POSTPARTUM PERIODS.**

8 (a) IN GENERAL.—Not later than 1 year after the  
9 date of enactment of this Act, the Attorney General, act-  
10 ing through the Director of the Bureau of Prisons, shall  
11 establish, in not more than 6 Bureau of Prisons facilities,  
12 programs to optimize maternal health outcomes for preg-  
13 nant and postpartum individuals incarcerated in such fa-  
14 cilities.

15 (b) CONSULTATION.—The Attorney General shall es-  
16 tablish the programs required under subsection (a) in con-  
17 sultation with interested entities such as—

18 (1) relevant community-based organizations,  
19 particularly organizations that represent incarcer-  
20 ated and formerly incarcerated individuals and orga-  
21 nizations that seek to improve maternal health out-  
22 comes for minority women;

23 (2) relevant organizations representing patients,  
24 with a particular focus on minority patients;

1           (3) relevant organizations representing mater-  
2           nal health care providers;

3           (4) nonclinical perinatal health workers such as  
4           doulas, community health workers, peer supporters,  
5           certified lactation consultants, nutritionists and di-  
6           etitians, social workers, home visitors, and naviga-  
7           tors; and

8           (5) researchers and policy experts in fields re-  
9           lated to women's health care for incarcerated indi-  
10          viduals.

11          (c) **START DATE.**—Each facility selected by the Di-  
12          rector of the Bureau of Prisons under subsection (a) shall  
13          begin facility programs not later than 18 months after the  
14          date of enactment of this Act.

15          (d) **FACILITY PRIORITY.**—In carrying out subsection  
16          (a), the Director of the Bureau of Prisons shall give pri-  
17          ority to a facility based on—

18               (1) the number of pregnant and postpartum in-  
19               dividuals incarcerated in such facility and, among  
20               such individuals, the number of pregnant and post-  
21               partum minority individuals; and

22               (2) the extent to which the leaders of such facil-  
23               ity have demonstrated a commitment to developing  
24               exemplary programs for pregnant and postpartum  
25               individuals incarcerated in such facility.

1 (e) PROGRAM DURATION.—Each program estab-  
2 lished under this section shall be for a 5-year period.

3 (f) PROGRAMS.—Each Bureau of Prisons facility se-  
4 lected under subsection (a) shall establish programs for  
5 pregnant and postpartum incarcerated individuals, and  
6 such programs may—

7 (1) provide access to doulas and other perinatal  
8 health workers from pregnancy through the postpar-  
9 tum period;

10 (2) provide access to healthy foods and coun-  
11 seling on nutrition, recommended activity levels, and  
12 safety measures throughout pregnancy;

13 (3) train correctional officers and medical per-  
14 sonnel to ensure that pregnant incarcerated individ-  
15 uals receive trauma-informed, culturally congruent  
16 care that promotes the health and safety of the  
17 pregnant individuals;

18 (4) provide counseling and treatment for indi-  
19 viduals who have suffered from—

20 (A) diagnosed mental or behavioral health  
21 conditions, including trauma and substance use  
22 disorders;

23 (B) domestic violence;

24 (C) human immunodeficiency virus;

25 (D) sexual abuse;

1 (E) pregnancy or infant loss; or

2 (F) chronic conditions, including heart dis-  
3 ease, diabetes, osteoporosis and osteopenia, hy-  
4 pertension, asthma, liver disease, and bleeding  
5 disorders;

6 (5) provide pregnancy and childbirth education,  
7 parenting support, and other relevant forms of  
8 health literacy;

9 (6) offer opportunities for postpartum individ-  
10 uals to maintain contact with the individual's new-  
11 born child to promote bonding, including enhanced  
12 visitation policies, access to prison nursery pro-  
13 grams, or breastfeeding support;

14 (7) provide reentry assistance, particularly to—

15 (A) ensure continuity of health insurance  
16 coverage if an incarcerated individual exits the  
17 criminal justice system during such individual's  
18 pregnancy or in the postpartum period; and

19 (B) connect individuals exiting the criminal  
20 justice system during pregnancy or in the  
21 postpartum period to community-based re-  
22 sources, such as referrals to health care pro-  
23 viders and social services that address social de-  
24 terminants of health like housing, employment  
25 opportunities, transportation, and nutrition; or

1           (8) establish partnerships with local public enti-  
2 ties, private community entities, community-based  
3 organizations, Indian Tribes and tribal organizations  
4 (as such terms are defined in section 4 of the Indian  
5 Self-Determination and Education Assistance Act  
6 (25 U.S.C. 5304)), and urban Indian organizations  
7 (as such term is defined in section 4 of the Indian  
8 Health Care Improvement Act (25 U.S.C. 1603)) to  
9 establish or expand pretrial diversion programs as  
10 an alternative to incarceration for pregnant and  
11 postpartum individuals. Such programs may in-  
12 clude—

13                   (A) parenting classes;

14                   (B) prenatal health coordination;

15                   (C) family and individual counseling;

16                   (D) evidence-based screenings, education,  
17 and, as needed, treatment for mental and be-  
18 havioral health conditions, including drug and  
19 alcohol treatments;

20                   (E) family case management services;

21                   (F) domestic violence education and pre-  
22 vention;

23                   (G) physical and sexual abuse counseling;

24                   and

1 (H) programs to address social deter-  
2 minants of health such as employment, housing,  
3 education, transportation, and nutrition.

4 (g) IMPLEMENTATION AND REPORTING.—Each Bu-  
5 reau of Prisons facility selected under subsection (a) shall  
6 be responsible for—

7 (1) implementing programs, which may include  
8 the programs described in subsection (f); and

9 (2) not later than 3 years after the date of en-  
10 actment of this Act, and 6 years after the date of  
11 enactment of this Act, reporting results of the pro-  
12 grams to the Director of the Bureau of Prisons, in-  
13 cluding information describing—

14 (A) relevant quantitative indicators of suc-  
15 cess in improving the standard of care and  
16 health outcomes for pregnant and postpartum  
17 incarcerated individuals who participated in  
18 such programs, including data stratified by  
19 race, ethnicity, sex, age, geography, disability  
20 status, the category of the criminal charge  
21 against such individual, rates of pregnancy-re-  
22 lated deaths, pregnancy-associated deaths, cases  
23 of infant mortality, cases of severe maternal  
24 morbidity, cases of violence against pregnant or  
25 postpartum individuals, diagnoses of maternal

1           mental or behavioral health conditions, and  
2           other such information as appropriate;

3           (B) relevant qualitative evaluations from  
4           pregnant and postpartum incarcerated individ-  
5           uals who participated in such programs, includ-  
6           ing subjective measures of patient-reported ex-  
7           perience of care;

8           (C) evaluations of cost effectiveness; and

9           (D) strategies to sustain such programs  
10          beyond 2026.

11         (h) REPORT.—Not later than 7 years after the date  
12         of enactment of this Act, the Director of the Bureau of  
13         Prisons shall submit to the Attorney General and to the  
14         Committee on the Judiciary of the House of Representa-  
15         tives and the Committee on the Judiciary of the Senate  
16         a report describing the results of the programs funded  
17         under this section.

18         (i) OVERSIGHT.—Not later than 1 year after the date  
19         of enactment of this Act, the Attorney General shall award  
20         a contract to an independent organization or independent  
21         organizations to conduct oversight of the programs de-  
22         scribed in subsection (f).

23         (j) AUTHORIZATION OF APPROPRIATIONS.—There  
24         are authorized to be appropriated to carry out this section  
25         \$10,000,000 for each of fiscal years 2021 through 2025.

1 **SEC. 704. GRANT PROGRAM TO IMPROVE MATERNAL**  
2 **HEALTH OUTCOMES FOR INDIVIDUALS IN**  
3 **STATE AND LOCAL PRISONS AND JAILS.**

4 (a) **ESTABLISHMENT.**—Not later than 1 year after  
5 the date of enactment of this Act, the Attorney General,  
6 acting through the Director of the Bureau of Justice As-  
7 sistance, shall award Justice for Incarcerated Moms  
8 grants to States to establish or expand programs in State  
9 and local prisons and jails for pregnant and postpartum  
10 incarcerated individuals.

11 (b) **CONSULTATION.**—The Attorney General shall  
12 award the grants authorized under subsection (a) in con-  
13 sultation with interested entities such as—

14 (1) relevant community-based organizations,  
15 particularly organizations that represent incarcer-  
16 ated and formerly incarcerated individuals and orga-  
17 nizations that seek to improve maternal health out-  
18 comes for minority women;

19 (2) relevant organizations representing patients,  
20 with a particular focus on minority patients;

21 (3) relevant organizations representing mater-  
22 nal health care providers;

23 (4) nonclinical perinatal health workers such as  
24 doulas, community health workers, peer supporters,  
25 certified lactation consultants, nutritionists and di-

1 etitians, social workers, home visitors, and naviga-  
2 tors; and

3 (5) researchers and policy experts in fields re-  
4 lated to women's health care for incarcerated indi-  
5 viduals.

6 (c) APPLICATIONS.—Each applicant for a grant  
7 under this section shall submit to the Director of the Bu-  
8 reau of Justice Assistance an application at such time, in  
9 such manner, and containing such information as the Di-  
10 rector may require.

11 (d) USE OF FUNDS.—A State that is awarded a  
12 grant under this section shall use such grant to establish  
13 or expand programs for pregnant and postpartum incar-  
14 cerated individuals, and such programs may—

15 (1) provide access to doulas and other perinatal  
16 health workers from pregnancy through the postpar-  
17 tum period;

18 (2) provide access to healthy foods and coun-  
19 seling on nutrition, recommended activity levels, and  
20 safety measures throughout pregnancy;

21 (3) train correctional officers and medical per-  
22 sonnel to ensure that pregnant incarcerated individ-  
23 uals receive trauma-informed, culturally congruent  
24 care that promotes the health and safety of the  
25 pregnant individuals;

1 (4) provide counseling and treatment for indi-  
2 viduals who have suffered from—

3 (A) diagnosed mental or behavioral health  
4 conditions, including trauma and substance use  
5 disorders;

6 (B) domestic violence;

7 (C) human immunodeficiency virus;

8 (D) sexual abuse;

9 (E) pregnancy or infant loss; or

10 (F) chronic conditions, including heart dis-  
11 ease, diabetes, osteoporosis and osteopenia, hy-  
12 pertension, asthma, liver disease, and bleeding  
13 disorders;

14 (5) provide pregnancy and childbirth education,  
15 parenting support, and other relevant forms of  
16 health literacy;

17 (6) offer opportunities for postpartum individ-  
18 uals to maintain contact with the individual's new-  
19 born child to promote bonding, including enhanced  
20 visitation policies, access to prison nursery pro-  
21 grams, or breastfeeding support;

22 (7) provide reentry assistance, particularly to—

23 (A) ensure continuity of health insurance  
24 coverage if an incarcerated individual exits the

1 criminal justice system during such individual's  
2 pregnancy or in the postpartum period; and

3 (B) connect individuals exiting the criminal  
4 justice system during pregnancy or in the  
5 postpartum period to community-based re-  
6 sources, such as referrals to health care pro-  
7 viders and social services that address social de-  
8 terminants of health like housing, employment  
9 opportunities, transportation, and nutrition; or  
10 (8) establish partnerships with local public enti-  
11 ties, private community entities, community-based  
12 organizations, Indian Tribes and tribal organizations  
13 (as such terms are defined in section 4 of the Indian  
14 Self-Determination and Education Assistance Act  
15 (25 U.S.C. 5304)), and urban Indian organizations  
16 (as such term is defined in section 4 of the Indian  
17 Health Care Improvement Act (25 U.S.C. 1603)) to  
18 establish or expand pretrial diversion programs as  
19 an alternative to incarceration for pregnant and  
20 postpartum individuals. Such programs may in-  
21 clude—

22 (A) parenting classes;

23 (B) prenatal health coordination;

24 (C) family and individual counseling;

1 (D) evidence-based screenings, education,  
2 and, as needed, treatment for mental and be-  
3 havioral health conditions, including drug and  
4 alcohol treatments;

5 (E) family case management services;

6 (F) domestic violence education and pre-  
7 vention;

8 (G) physical and sexual abuse counseling;  
9 and

10 (H) programs to address social deter-  
11 minants of health such as employment, housing,  
12 education, transportation, and nutrition.

13 (e) PRIORITY.—In awarding grants under this sec-  
14 tion, the Director of the Bureau of Justice Assistance  
15 shall give priority to applicants based on—

16 (1) the number of pregnant and postpartum in-  
17 dividuals incarcerated in the State and, among such  
18 individuals, the number of pregnant and postpartum  
19 minority individuals; and

20 (2) the extent to which the State has dem-  
21 onstrated a commitment to developing exemplary  
22 programs for pregnant and postpartum individuals  
23 incarcerated in the prisons and jails in the State.

24 (f) GRANT DURATION.—A grant awarded under this  
25 section shall be for a 5-year period.

1 (g) IMPLEMENTING AND REPORTING.—A State that  
2 receives a grant under this section shall be responsible  
3 for—

4 (1) implementing the program funded by the  
5 grant; and

6 (2) not later than 3 years after the date of en-  
7 actment of this Act, and 6 years after the date of  
8 enactment of this Act, reporting results of such pro-  
9 gram to the Attorney General, including information  
10 describing—

11 (A) relevant quantitative indicators of the  
12 program’s success in improving the standard of  
13 care and health outcomes for pregnant and  
14 postpartum incarcerated individuals who par-  
15 ticipated in such program, including data strati-  
16 fied by race, ethnicity, sex, age, geography, dis-  
17 ability status, category of the criminal charge  
18 against such individual, incidence rates of preg-  
19 nancy-related deaths, pregnancy-associated  
20 deaths, cases of infant mortality, cases of severe  
21 maternal morbidity, cases of violence against  
22 pregnant or postpartum individuals, diagnoses  
23 of maternal mental or behavioral health condi-  
24 tions, and other such information as appro-  
25 priate;

1           (B) relevant qualitative evaluations from  
2           pregnant and postpartum incarcerated individ-  
3           uals who participated in such programs, includ-  
4           ing subjective measures of patient-reported ex-  
5           perience of care;

6           (C) evaluations of cost effectiveness; and

7           (D) strategies to sustain such programs  
8           beyond the duration of the grant.

9           (h) REPORT.—Not later than 7 years after the date  
10          of enactment of this Act, the Attorney General shall sub-  
11          mit to the Committee on the Judiciary of the House of  
12          Representatives and the Committee on the Judiciary of  
13          the Senate a report describing the results of the grant pro-  
14          gram authorized under this section.

15          (i) OVERSIGHT.—Not later than 1 year after the date  
16          of enactment of this Act, the Attorney General shall award  
17          a contract to an independent organization or independent  
18          organizations to conduct oversight of the programs de-  
19          scribed in subsection (d).

20          (j) AUTHORIZATION OF APPROPRIATIONS.—There  
21          are authorized to be appropriated to carry out this section  
22          \$10,000,000 for each of fiscal years 2021 through 2025.

23          **SEC. 705. GAO REPORT.**

24          (a) IN GENERAL.—Not later than 2 years after the  
25          date of enactment of this Act, the Comptroller General

1 of the United States shall submit to Congress a report  
2 on adverse maternal health outcomes among incarcerated  
3 individuals, with a particular focus on racial and ethnic  
4 disparities in maternal health outcomes for incarcerated  
5 individuals.

6 (b) CONTENTS OF REPORT.—The report required  
7 under subsection (a) shall include—

8 (1) to the extent practicable—

9 (A) the number of incarcerated individuals,  
10 including those incarcerated in Federal, State,  
11 and local correctional facilities, who have expe-  
12 rienced a pregnancy-related death or preg-  
13 nancy-associated death in the most recent 10  
14 years of available data;

15 (B) the number of cases of severe maternal  
16 morbidity among incarcerated individuals, in-  
17 cluding those incarcerated in Federal, State,  
18 and local detention facilities, in the most recent  
19 year of available data; and

20 (C) statistics on the racial and ethnic dis-  
21 parities in maternal and infant health outcomes  
22 and severe maternal morbidity rates among in-  
23 carcerated individuals, including those incarcer-  
24 ated in Federal, State, and local detention fa-  
25 cilities;

1           (2) in the case that the Comptroller General of  
2 the United States is unable to determine the infor-  
3 mation required in subparagraphs (A) through (C)  
4 of paragraph (1), an assessment of the barriers to  
5 determining such information and recommendations  
6 for improvements in tracking maternal health out-  
7 comes among incarcerated individuals, including  
8 those incarcerated in Federal, State, and local deten-  
9 tion facilities;

10           (3) causes of adverse maternal health outcomes  
11 that are unique to incarcerated individuals, including  
12 those incarcerated in Federal, State, and local deten-  
13 tion facilities;

14           (4) causes of adverse maternal health outcomes  
15 and severe maternal morbidity that are unique to in-  
16 carcerated individuals of color;

17           (5) recommendations to reduce maternal mor-  
18 tality and severe maternal morbidity among incar-  
19 cerated individuals and to address racial and ethnic  
20 disparities in maternal health outcomes for incarcer-  
21 ated individuals in Bureau of Prisons facilities and  
22 State and local prisons and jails; and

23           (6) such other information as may be appro-  
24 priate to reduce the occurrence of adverse maternal  
25 health outcomes among incarcerated individuals and

1 to address racial and ethnic disparities in maternal  
2 health outcomes for such individuals.

3 **SEC. 706. MACPAC REPORT.**

4 (a) IN GENERAL.—Not later than 2 years after the  
5 date of enactment of this Act, the Medicaid and CHIP  
6 Payment and Access Commission (referred to in this sec-  
7 tion as “MACPAC”) shall publish a report on the implica-  
8 tions of pregnant and postpartum incarcerated individuals  
9 being ineligible for medical assistance under a State plan  
10 under title XIX of the Social Security Act (42 U.S.C.  
11 1396 et seq.).

12 (b) CONTENTS OF REPORT.—The report described in  
13 this section shall include—

14 (1) information on the effect of ineligibility for  
15 medical assistance under a State plan under title  
16 XIX of the Social Security Act (42 U.S.C. 1396 et  
17 seq.) on maternal health outcomes for pregnant and  
18 postpartum incarcerated individuals, concentrating  
19 on the effects of such ineligibility for pregnant and  
20 postpartum individuals of color; and

21 (2) the potential implications on maternal  
22 health outcomes resulting from suspending eligibility  
23 for medical assistance under a State plan under  
24 such title of such Act when a pregnant or  
25 postpartum individual is incarcerated.

1           **TITLE VIII—TECH TO SAVE**  
2                           **MOMS**

3   **SEC. 801. CMI MODELING OF INTEGRATED TELEHEALTH**  
4                           **MODELS IN MATERNITY CARE SERVICES.**

5           (a) **IN GENERAL.**—Section 1115A(b)(2)(B) of the  
6 Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amend-  
7 ed by adding at the end the following new clauses:

8                           “(xxviii) Focusing on title XIX, pro-  
9                           viding for the adoption of and use of tele-  
10                           health tools that allow for screening and  
11                           treatment of common pregnancy-related  
12                           complications (including anxiety and de-  
13                           pression, substance use disorder, hemor-  
14                           rhage, infection, amniotic fluid embolism,  
15                           thrombotic pulmonary or other embolism,  
16                           hypertensive disorders of pregnancy, cere-  
17                           brovascular accidents, cardiomyopathy, and  
18                           other cardiovascular conditions) for a preg-  
19                           nant woman receiving medical assistance  
20                           under such title during her pregnancy and  
21                           for not more than a 1-year period begin-  
22                           ning on the last day of her pregnancy.”.

23           (b) **EFFECTIVE DATE.**—The amendment made by  
24 subsection (a) shall take effect 1 year after the date of  
25 the enactment of this Act.

1 **SEC. 802. GRANTS TO EXPAND THE USE OF TECHNOLOGY-**  
2 **ENABLED COLLABORATIVE LEARNING AND**  
3 **CAPACITY MODELS THAT PROVIDE CARE TO**  
4 **PREGNANT AND POSTPARTUM WOMEN.**

5 Title III of the Public Health Service Act is amended  
6 by inserting after section 330M (42 U.S.C. 254c-19) the  
7 following:

8 **“SEC. 330N. EXPANDING CAPACITY FOR MATERNAL**  
9 **HEALTH OUTCOMES.**

10 “(a) PROGRAM ESTABLISHED.—Beginning not later  
11 than 1 year after the date of enactment of this Act, the  
12 Secretary shall, as appropriate, award grants to eligible  
13 entities to evaluate, develop, and expand the use of tech-  
14 nology-enabled collaborative learning and capacity build-  
15 ing models, to improve maternal health outcomes—

16 “(1) in health professional shortage areas;

17 “(2) in areas with high rates of maternal mor-  
18 tality and severe maternal morbidity, and significant  
19 racial and ethnic disparities in maternal health out-  
20 comes; and

21 “(3) for medically underserved populations or  
22 American Indians and Alaska Natives, including In-  
23 dian tribes, tribal organizations, and urban Indian  
24 organizations.

25 “(b) USE OF FUNDS.—

1           “(1) REQUIRED USES.—Grants awarded under  
2 subsection (a) shall be used for—

3           “(A) the development and acquisition of  
4 instructional programming, and the training of  
5 maternal health care providers and other pro-  
6 fessionals that provide or assist in the provision  
7 of services, through models such as—

8           “(i) training on adopting and effec-  
9 tively implementing Alliance for Innovation  
10 on Maternal Health (referred to in this  
11 section as ‘AIM’) safety and quality im-  
12 provement bundles;

13           “(ii) training on implicit and explicit  
14 bias, racism, and discrimination for pro-  
15 viders of maternity care;

16           “(iii) training on best practices in  
17 screening for and, as needed, evaluating  
18 and treating maternal mental health condi-  
19 tions and substance use disorders;

20           “(iv) training on how to screen for so-  
21 cial determinants of health risks in the  
22 prenatal and postpartum periods such as  
23 inadequate housing, lack of access to nutri-  
24 tion, environmental risks, and transpor-  
25 tation barriers; and

1                   “(v) training on the use of remote pa-  
2                   tient monitoring tools for pregnancy-re-  
3                   lated complications;

4                   “(B) information collection and evaluation  
5                   activities to—

6                   “(i) study the impact of such models  
7                   on—

8                   “(I) access to and quality of care;

9                   “(II) patient outcomes;

10                  “(III) subjective measures of pa-  
11                  tient experience; and

12                  “(IV) cost-effectiveness; and

13                  “(ii) identify best practices for the ex-  
14                  pansion and use of such models;

15                  “(C) information collection and evaluation  
16                  activities to study the impact of such models on  
17                  patient outcomes and maternal health care pro-  
18                  viders, and to identify best practices for the ex-  
19                  pansion and use of such models; and

20                  “(D) any other activity consistent with  
21                  achieving the objectives of grants awarded  
22                  under this section, as determined by the Sec-  
23                  retary.

1           “(2) PERMISSIBLE USES.—In addition to any of  
2 the uses under paragraph (1), grants awarded under  
3 subsection (a) may be used for—

4           “(A) equipment to support the use and ex-  
5 pansion of technology-enabled collaborative  
6 learning and capacity building models, including  
7 for hardware and software that enables distance  
8 learning, maternal health care provider support,  
9 and the secure exchange of electronic health in-  
10 formation; and

11           “(B) support for maternal health care pro-  
12 viders and other professionals that provide or  
13 assist in the provision of maternity care services  
14 through such models.

15           “(c) LIMITATIONS.—

16           “(1) NUMBER.—The Secretary may not award  
17 more than 1 grant under this section to an eligible  
18 entity.

19           “(2) DURATION.—Each grant under this sec-  
20 tion shall be made for a period of up to 5 years.

21           “(3) AMOUNT.—The Secretary shall determine  
22 the maximum amount of each grant under this sec-  
23 tion.

24           “(d) GRANT REQUIREMENTS.—

1           “(1) IN GENERAL.—The Secretary shall require  
2 entities awarded a grant under this section to collect  
3 information on the effect of the use of technology-  
4 enabled collaborative learning and capacity building  
5 models, such as on maternal health outcomes, access  
6 to maternal health care services, quality of maternal  
7 health care, and maternal health care provider reten-  
8 tion in areas and for populations described in sub-  
9 section (a).

10           “(2) COORDINATION SUPPORT.—The Secretary  
11 may award a grant or contract to assist in the co-  
12 ordination of models described in paragraph (1), in-  
13 cluding to assess outcomes associated with the use  
14 of such models in grants awarded under subsection  
15 (a), including grants awarded for the purpose de-  
16 scribed in subsection (b)(1)(B).

17           “(e) APPLICATION.—

18           “(1) IN GENERAL.—An eligible entity that  
19 seeks to receive a grant under subsection (a) shall  
20 submit to the Secretary an application, at such time,  
21 in such manner, and containing such information as  
22 the Secretary may require.

23           “(2) MATTERS TO BE INCLUDED.—Such appli-  
24 cation shall include plans to assess the effect of  
25 technology-enabled collaborative learning and capaci-

1       ity building models on indicators, including access to  
2       and quality of care, patient outcomes, subjective  
3       measures of patient experience, and cost-effective-  
4       ness. Such indicators may focus on—

5               “(A) health professional shortage areas;

6               “(B) areas with high rates of maternal  
7               mortality and severe maternal morbidity, and  
8               significant racial and ethnic disparities in ma-  
9               ternal health outcomes; and

10              “(C) medically underserved populations or  
11              American Indians and Alaska Natives, includ-  
12              ing Indian tribes, tribal organizations, and  
13              urban Indian organizations.

14       “(f) ACCESS TO BROADBAND.—In administering  
15       grants under this section, the Secretary may coordinate  
16       with other agencies to ensure that funding opportunities  
17       are available to support access to reliable, high-speed  
18       internet for grantees.

19       “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
20       provide (either directly through the Department of Health  
21       and Human Services or by contract) technical assistance  
22       to eligible entities, including recipients of grants under  
23       subsection (a), on the development, use, and post-grant  
24       sustainability of technology-enabled collaborative learning  
25       and capacity building models in order to expand access

1 to maternal health care services provided by such entities,  
2 including—

3 “(1) for health professional shortage areas;

4 “(2) for areas with high rates of maternal mor-  
5 tality and severe maternal morbidity, and significant  
6 racial and ethnic disparities in maternal health out-  
7 comes; and

8 “(3) to medically underserved populations or  
9 American Indians and Alaska Natives, including In-  
10 dian tribes, tribal organizations, and urban Indian  
11 organizations.

12 “(h) RESEARCH AND EVALUATION.—The Secretary,  
13 in consultation with stakeholders with appropriate exper-  
14 tise in such models, shall develop a strategic plan to re-  
15 search and evaluate the evidence for such models. The  
16 Secretary shall use such plan to inform the activities car-  
17 ried out under this section.

18 “(i) REPORTING.—

19 “(1) BY ELIGIBLE ENTITIES.—An eligible enti-  
20 ty that receives a grant under subsection (a) shall  
21 submit to the Secretary a report, at such time, in  
22 such manner, and containing such information as  
23 the Secretary may require.

24 “(2) BY THE SECRETARY.—Not later than 4  
25 years after the date of enactment of this section, the

1 Secretary shall prepare and submit to the Congress,  
2 and post on the internet website of the Department  
3 of Health and Human Services, a report including,  
4 at minimum—

5 “(A) a description of any new and con-  
6 tinuing grants awarded under subsection (a)  
7 and the specific purpose and amounts of such  
8 grants;

9 “(B) an overview of—

10 “(i) the evaluation activities conducted  
11 under subsection (b)(1)(B)(i);

12 “(ii) technical assistance provided  
13 under subsection (g); and

14 “(iii) activities conducted by entities  
15 awarded grants under subsection (a); and

16 “(C) a description of any significant find-  
17 ings related to patient outcomes or maternal  
18 health care providers and best practices for eli-  
19 gible entities expanding, using, or evaluating  
20 technology-enabled collaborative learning and  
21 capacity building models.

22 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
23 is authorized to be appropriated to carry out this section  
24 \$6,000,000 for each of fiscal years 2021 through 2025.

25 “(k) DEFINITIONS.—In this section:

1 “(1) ELIGIBLE ENTITY.—

2 “(A) IN GENERAL.—The term ‘eligible en-  
3 tity’ means an entity that provides, or supports  
4 the provision of, maternal health care services  
5 or other evidence-based services for pregnant  
6 and postpartum women—

7 “(i) in health professional shortage  
8 areas;

9 “(ii) in areas with high rates of ad-  
10 verse maternal health outcomes and sig-  
11 nificant racial and ethnic disparities in ma-  
12 ternal health outcomes; or

13 “(iii) from medically underserved pop-  
14 ulations or American Indians and Alaska  
15 Natives, including Indian tribes, tribal or-  
16 ganizations, and urban Indian organiza-  
17 tions.

18 “(B) INCLUSIONS.—An eligible entity may  
19 include entities leading, or capable of leading, a  
20 technology-enabled collaborative learning and  
21 capacity building model or engaging in tech-  
22 nology-enabled collaborative training of partici-  
23 pants in such model.

24 “(2) HEALTH PROFESSIONAL SHORTAGE  
25 AREA.—The term ‘health professional shortage area’

1 means a health professional shortage area des-  
2 ignated under section 332.

3 “(3) INDIAN TRIBE.—The term ‘Indian tribe’  
4 has the meaning given such term in section 4 of the  
5 Indian Self-Determination and Education Assistance  
6 Act (25 U.S.C. 5304).

7 “(4) MATERNAL MORTALITY.—The term ‘ma-  
8 ternal mortality’ means a death occurring during or  
9 within 1-year period after pregnancy caused by preg-  
10 nancy or childbirth complications.

11 “(5) MEDICALLY UNDERSERVED POPU-  
12 LATION.—The term ‘medically underserved popu-  
13 lation’ has the meaning given such term in section  
14 330(b)(3).

15 “(6) POSTPARTUM.—The term ‘postpartum’  
16 means the 1-year period beginning on the last date  
17 of the pregnancy of a woman.

18 “(7) SEVERE MATERNAL MORBIDITY.—The  
19 term ‘severe maternal morbidity’ means an unex-  
20 pected outcome caused by labor and delivery of a  
21 woman that results in significant short-term or long-  
22 term consequences to the health of the woman.

23 “(8) TECHNOLOGY-ENABLED COLLABORATIVE  
24 LEARNING AND CAPACITY BUILDING MODEL.—The  
25 term ‘technology-enabled collaborative learning and

1 capacity building model’ means a distance health  
 2 education model that connects health care profes-  
 3 sionals, and particularly specialists, with multiple  
 4 other health care professionals through simultaneous  
 5 interactive videoconferencing for the purpose of fa-  
 6 cilitating case-based learning, disseminating best  
 7 practices, and evaluating outcomes in the context of  
 8 maternal health care.

9 “(9) TRIBAL ORGANIZATION.—The term ‘tribal  
 10 organization’ has the meaning given such term in  
 11 section 4 of the Indian Self-Determination and Edu-  
 12 cation Assistance Act (25 U.S.C. 5304).

13 “(10) URBAN INDIAN ORGANIZATION.—The  
 14 term ‘urban Indian organization’ has the meaning  
 15 given such term in section 4 of the Indian Health  
 16 Care Improvement Act (25 U.S.C. 1603).”.

17 **SEC. 803. GRANTS TO PROMOTE EQUITY IN MATERNAL**  
 18 **HEALTH OUTCOMES BY INCREASING ACCESS**  
 19 **TO DIGITAL TOOLS.**

20 (a) IN GENERAL.—Beginning not later than 1 year  
 21 after the date of the enactment of this Act, the Secretary  
 22 of Health and Human Services shall carry out a program,  
 23 to be known as the “Investments in Digital Tools to Pro-  
 24 mote Equity in Maternal Health Outcomes Program”,  
 25 under which the Secretary makes grants to eligible entities

1 to reduce racial and ethnic disparities in maternal health  
2 outcomes by increasing access to digital tools related to  
3 maternal health care.

4 (b) APPLICATIONS.—To be eligible to receive a grant  
5 under this section, an eligible entity shall submit to the  
6 Secretary an application at such time, in such manner,  
7 and containing such information as the Secretary may re-  
8 quire.

9 (c) LIMITATIONS.—

10 (1) NUMBER.—The Secretary may not award  
11 more than 1 grant under this section to an eligible  
12 entity.

13 (2) DURATION.—Each grant under this section  
14 shall be made for a period of not more than 5 years.

15 (3) AMOUNT.—The Secretary shall determine  
16 the maximum amount of each grant under this sec-  
17 tion.

18 (4) PRIORITIZATION.—In awarding grants  
19 under this section, the Secretary shall prioritize the  
20 selection of an eligible entity that—

21 (A) operates in an area with high rates of  
22 adverse maternal health outcomes and signifi-  
23 cant racial and ethnic disparities in maternal  
24 health outcomes; and

1           (B) promotes technology that addresses ra-  
2           cial and ethnic disparities in maternal health  
3           outcomes.

4           (d) TECHNICAL ASSISTANCE.—The Secretary shall  
5           provide technical assistance to an eligible entity on the de-  
6           velopment, use, evaluation, and post-grant sustainability  
7           of digital tools for purposes of promoting equity in mater-  
8           nal health outcomes.

9           (e) REPORTING.—

10           (1) BY ELIGIBLE ENTITIES.—An eligible entity  
11           that receives a grant under subsection (a) shall sub-  
12           mit to the Secretary a report, at such time, in such  
13           manner, and containing such information as the Sec-  
14           retary may require.

15           (2) BY THE SECRETARY.—Not later than 4  
16           years after the date of the enactment of this Act, the  
17           Secretary shall submit to Congress a report that—

18           (A) evaluates the effectiveness of grants  
19           awarded under this section in improving mater-  
20           nal health outcomes for minority women;

21           (B) makes recommendations for future  
22           grant programs that promote the use of tech-  
23           nology to improve maternal health outcomes for  
24           minority women; and

1 (C) makes recommendations that ad-  
2 dress—

3 (i) privacy and security safeguards  
4 that should be implemented in the use of  
5 technology in maternal health care;

6 (ii) reimbursement rates for maternal  
7 telehealth services;

8 (iii) the use of digital tools to analyze  
9 large data sets for the purposes of identi-  
10 fying potential pregnancy-related complica-  
11 tions as early as possible;

12 (iv) barriers that prevent maternal  
13 health care providers from providing tele-  
14 health services across States and rec-  
15 ommendations from the Centers for Medi-  
16 care & Medicaid Services for addressing  
17 such barriers in State Medicaid programs;

18 (v) the use of consumer digital tools  
19 such as mobile phone applications, patient  
20 portals, and wearable technologies to im-  
21 prove maternal health outcomes;

22 (vi) barriers that prevent consumers  
23 from accessing telehealth services or other  
24 digital technologies to improve maternal  
25 health outcomes, including a lack of access

1 to reliable, high-speed internet or lack of  
 2 access to electronic devices needed to use  
 3 such services and technologies; and

4 (vii) any other related issues as deter-  
 5 mined by the Secretary.

6 (f) ELIGIBLE ENTITY DEFINED.—In this section, the  
 7 term “eligible entity” is an entity that is described in sec-  
 8 tion 51a.3(a) of title 42, Code of Federal Regulations or  
 9 any successor regulation, including domestic faith-based  
 10 and community-based organizations.

11 (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
 12 authorized to be appropriated to carry out this section  
 13 \$6,000,000 for each of fiscal years 2021 through 2025.

14 **SEC. 804. REPORT ON THE USE OF TECHNOLOGY TO RE-**  
 15 **DUCE MATERNAL MORTALITY AND SEVERE**  
 16 **MATERNAL MORBIDITY AND TO CLOSE RA-**  
 17 **CIAL AND ETHNIC DISPARITIES IN OUT-**  
 18 **COMES.**

19 (a) IN GENERAL.—Not later than 60 days after the  
 20 date of enactment of this Act, the Secretary of Health and  
 21 Human Services shall seek to enter an agreement with the  
 22 National Academies of Sciences, Engineering, and Medi-  
 23 cine (referred to in this section as the “National Acad-  
 24 emies”) under which the National Academies shall con-  
 25 duct a study on the use of technology to reduce prevent-

1 able maternal mortality and severe maternal morbidity,  
2 and close racial and ethnic disparities in maternal health  
3 outcomes in the United States. The study shall assess cur-  
4 rent and future uses of artificial intelligence in maternity  
5 care, including issues such as—

6           (1) the extent to which artificial intelligence  
7 technologies are currently being used in maternal  
8 health care;

9           (2) the extent to which artificial intelligence  
10 technologies have exacerbated racial or ethnic biases  
11 in maternal health care;

12           (3) recommendations for reducing racial or eth-  
13 nic biases in artificial intelligence technologies used  
14 in maternal health care;

15           (4) recommendations for potential applications  
16 of artificial intelligence technologies that could im-  
17 prove maternal health outcomes, particularly for mi-  
18 nority women; and

19           (5) recommendations for privacy and security  
20 safeguards that should be implemented in the devel-  
21 opment of artificial intelligence technologies in ma-  
22 ternal health care.

23       (b) REPORT.—As a condition of any agreement under  
24 subsection (a), the Administrator shall require that the  
25 National Academies transmit to Congress a report on the

1 results of the study under subsection (a) not later than  
2 24 months after the date of enactment of this Act.

3       **TITLE IX—IMPACT TO SAVE**  
4                   **MOMS**

5       **SEC. 901. PERINATAL CARE ALTERNATIVE PAYMENT**  
6                   **MODEL DEMONSTRATION PROJECT.**

7       (a) IN GENERAL.—For the period of fiscal years  
8 2022 through 2026, the Secretary of Health and Human  
9 Services (referred to in this section as the “Secretary”),  
10 acting through the Administrator of the Centers for Medi-  
11 care & Medicaid Services, shall establish and implement,  
12 in accordance with the requirements of this section, a  
13 demonstration project, to be known as the Perinatal Care  
14 Alternative Payment Model Demonstration Project (re-  
15 ferred to in this section as the “Demonstration Project”),  
16 for purposes of allowing States to test payment models  
17 under their State plans under title XIX of the Social Secu-  
18 rity Act (42 U.S.C. 1396 et seq.) and State child health  
19 plans under title XXI of such Act (42 U.S.C. 1397aa et  
20 seq.) with respect to maternity care provided to pregnant  
21 and postpartum women enrolled in such State plans and  
22 State child health plans.

23       (b) COORDINATION.—In establishing the Demonstra-  
24 tion Project, the Secretary shall coordinate with stake-  
25 holders such as—

- 1           (1) State Medicaid programs;
- 2           (2) relevant organizations representing mater-  
3           nal health care providers;
- 4           (3) relevant organizations representing patients,  
5           with a particular focus on women from demographic  
6           groups with disproportionate rates of adverse mater-  
7           nal health outcomes;
- 8           (4) relevant community-based organizations,  
9           particularly organizations that seek to improve ma-  
10          ternal health outcomes for women from demographic  
11          groups with disproportionate rates of adverse mater-  
12          nal health outcomes;
- 13          (5) non-clinical perinatal health workers such as  
14          doulas, community health workers, peer supporters,  
15          certified lactation consultants, nutritionists and di-  
16          eticians, social workers, home visitors, and naviga-  
17          tors;
- 18          (6) relevant health insurance issuers;
- 19          (7) hospitals, health systems, freestanding birth  
20          centers (as such term is defined in paragraph (3)(B)  
21          of section 1905(l) of the Social Security Act (42  
22          U.S.C. 1396d(l)), Federally-qualified health centers  
23          (as such term is defined in paragraph (2)(B) of such  
24          section), and rural health clinics (as such term is de-

1        fined in section 1861(aa) of such Act (42 U.S.C.  
2        1395x(aa));

3            (8) researchers and policy experts in fields re-  
4        lated to maternity care payment models; and

5            (9) any other stakeholders as the Secretary de-  
6        termines appropriate, with a particular focus on  
7        stakeholders from demographic groups with dis-  
8        proportionate rates of adverse maternal health out-  
9        comes.

10        (c) CONSIDERATIONS.—In establishing the Dem-  
11        onstration Project, the Secretary shall consider each of the  
12        following:

13            (1) Findings from any evaluations of the  
14        Strong Start for Mothers and Newborns initiative  
15        carried out by the Centers for Medicare & Medicaid  
16        Services, the Health Resources and Services Admin-  
17        istration, and the Administration on Children and  
18        Families.

19            (2) Any alternative payment model that—

20                    (A) is designed to improve maternal health  
21        outcomes for racial and ethnic groups with dis-  
22        proportionate rates of adverse maternal health  
23        outcomes;

24                    (B) includes methods for stratifying pa-  
25        tients by pregnancy risk level and, as appro-

1           appropriate, adjusting payments under such model to  
2           take into account pregnancy risk level;

3           (C) establishes evidence-based quality  
4           metrics for such payments;

5           (D) includes consideration of non-hospital  
6           birth settings such as freestanding birth centers  
7           (as so defined);

8           (E) includes consideration of social deter-  
9           minants of health that are relevant to maternal  
10          health outcomes such as housing, transpor-  
11          tation, nutrition, and other non-clinical factors  
12          that influence maternal health outcomes; or

13          (F) includes diverse maternity care teams  
14          that include—

15               (i) maternity care providers, including  
16               obstetrician-gynecologists, family physi-  
17               cians, physician assistants, midwives who  
18               meet, at a minimum, the international def-  
19               inition of the term “midwife” and global  
20               standards for midwifery education (as es-  
21               tablished by the International Confed-  
22               eration of Midwives), and nurse practi-  
23               tioners—

24                       (I) from racially, ethnically, and  
25                       professionally diverse backgrounds;

1 (II) with experience practicing in  
2 racially and ethnically diverse commu-  
3 nities; or

4 (III) who have undergone  
5 trainings on racism, implicit bias, and  
6 explicit bias; and

7 (ii) non-clinical perinatal health work-  
8 ers such as doulas, community health  
9 workers, peer supporters, certified lacta-  
10 tion consultants, nutritionists and dieti-  
11 cians, social workers, home visitors, and  
12 navigators.

13 (d) ELIGIBILITY.—To be eligible to participate in the  
14 Demonstration Project, a State shall submit an applica-  
15 tion to the Secretary at such time, in such manner, and  
16 containing such information as the Secretary may require.

17 (e) EVALUATION.—The Secretary shall conduct an  
18 evaluation of the Demonstration Project to determine the  
19 impact of the Demonstration Project on—

20 (1) maternal health outcomes, with data strati-  
21 fied by race, ethnicity, socioeconomic indicators, and  
22 any other factors as the Secretary determines appro-  
23 priate;

24 (2) spending on maternity care by States par-  
25 ticipating in the Demonstration Project;

1           (3) to the extent practicable, subjective meas-  
2           ures of patient experience; and

3           (4) any other areas of assessment that the Sec-  
4           retary determines relevant.

5           (f) REPORT.—Not later than 1 year after the comple-  
6           tion or termination date of the Demonstration Project, the  
7           Secretary shall submit to the Committee on Energy and  
8           Commerce, the Committee on Ways and Means, and the  
9           Committee on Education and Labor of the House of Rep-  
10          resentatives and the Committee on Finance and the Com-  
11          mittee on Health, Education, Labor, and Pensions of the  
12          Senate, and make publicly available, a report containing—

13           (1) the results of any evaluation conducted  
14           under subsection (e); and

15           (2) a recommendation regarding whether the  
16           Demonstration Project should be continued after fis-  
17           cal year 2026 and expanded on a national basis.

18          (g) AUTHORIZATION OF APPROPRIATIONS.—There  
19          are authorized to be appropriated such sums as are nec-  
20          essary to carry out this section.

21          (h) DEFINITIONS.—In this section:

22           (1) ALTERNATIVE PAYMENT MODEL.—The  
23           term “alternative payment model” has the meaning  
24           given such term in section 1833(z)(3)(C) of the So-  
25           cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

1           (2) PERINATAL.—The term “perinatal” means  
2           the period beginning on the day a woman becomes  
3           pregnant and ending on the last day of the 1-year  
4           period beginning on the last day of such woman’s  
5           pregnancy.

6 **SEC. 902. MACPAC REPORT.**

7           Not later than 2 years after the date of the enact-  
8           ment of this Act, the Medicaid and CHIP Payment and  
9           Access Commission shall publish a report on issues relat-  
10          ing to the continuity of coverage under State plans under  
11          title XIX of the Social Security Act (42 U.S.C. 1396 et  
12          seq.) and State child health plans under title XXI of such  
13          Act (42 U.S.C. 1397aa et seq.) for pregnant and  
14          postpartum women. Such report shall, at a minimum, in-  
15          clude the following:

16               (1) An assessment of any existing policies  
17               under such State plans and such State child health  
18               plans regarding presumptive eligibility for pregnant  
19               women while their application for enrollment in such  
20               a State plan or such a State child health plan is  
21               being processed.

22               (2) An assessment of any existing policies  
23               under such State plans and such State child health  
24               plans regarding measures to ensure continuity of  
25               coverage under such a State plan or such a State

1 child health plan for pregnant and postpartum  
2 women, including such women who need to change  
3 their health insurance coverage during their preg-  
4 nancy or the postpartum period following their preg-  
5 nancy.

6 (3) An assessment of any existing policies  
7 under such State plans and such State child health  
8 plans regarding measures to automatically reenroll  
9 women who are eligible to enroll under such a State  
10 plan or such a State child health plan as a parent.

11 (4) If determined appropriate by the Commis-  
12 sion, any recommendations for the Department of  
13 Health and Human Services, or such State plans  
14 and such State child health plans, to ensure con-  
15 tinuity of coverage under such a State plan or such  
16 a State child health plan for pregnant and  
17 postpartum women.

○